

High Country Neurology

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PEDIATRIC HISTORY FORM

An important part of the evaluation of any child for a potential neurological problem includes the developmental history. As most of these questions are particular to children, we ask that in addition to the enclosed medical history form that you complete this developmental history on your child. Some of these items may be best answered from a baby book, or with the help of other's memories, and are best completed prior to the initial appointment. Please answer only the questions which are appropriate to your child's age, otherwise leave blank or write non-applicable (NA).

DEVELOPMENTAL HISTORY:

Which pregnancy was the patient? (first, second, etc) _____

Was the pregnancy full term? _____

Were there any problems during the pregnancy? _____

How long was labor? _____

Were there any difficulties with labor or delivery? _____

Was delivery vaginal, by C-section, etc? _____

Were forceps used? _____

What were the Apgar scores? _____

Were there any problems after birth? _____

Were there any problems with feeding, poor suck? _____

MOTOR SKILLS: at what age did the patient:

- | | | |
|-----------------------------|---|-------------|
| _____ hold head up | _____ roll over | _____ situp |
| _____ stand | _____ crawl | _____ walk |
| _____ pick up small objects | _____ show hand preference (left/right) | |

LANGUAGE SKILLS: at what age did the patient:

- | | |
|-------------------|-------------------------------------|
| _____ babble | _____ use single words (mama, dada) |
| _____ use phrases | _____ speak in sentences |
| _____ read | _____ write |

COGNITIVE/SOCIAL SKILLS: have there been any problems with:

- | | |
|-------------------------------|--------------------------------|
| _____ gaining bladder control | _____ learning at school |
| _____ hyperactivity | _____ difficulty concentrating |
| _____ emotional disturbances | _____ interacting with others |

ANY OTHER COMMENTS: