

## Brief History of Current Concerns

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Parent or Guard name \_\_\_\_\_: Child in foster care? Adopted) \_\_\_\_\_ Insurance \_\_\_\_\_  
Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_ School/PreSch \_\_\_\_\_ Telephone # \_\_\_\_\_  
District \_\_\_\_\_ Grade \_\_\_\_\_ IEP/IFSP \_\_\_\_\_ 504Plan \_\_\_\_\_ Other Help \_\_\_\_\_ Classroom type \_\_\_\_\_ Academic expectations \_\_\_\_\_  
Teacher/PreSch Tch \_\_\_\_\_ Resource Teacher \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Clinic/Office \_\_\_\_\_ Recent Physical \_\_\_\_\_ Last  
Visit \_\_\_\_\_ Any Significant Problems ? \_\_\_\_\_  
Other MD/Specialist or Therapist \_\_\_\_\_ telephone # \_\_\_\_\_ Dentist \_\_\_\_\_  
Other important helpers/friends/ Rate 1-10 (10=most help) \_\_\_\_\_  
\_\_\_\_\_

How do they help? \_\_\_\_\_

Referred by: \_\_\_\_\_

Reason for Referral \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief Medical History (birth, infections, accidents, hospitalizations,)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past Medications/Herbals \_\_\_\_\_ Prescribing Physician \_\_\_\_\_

Current Meds/Dosages \_\_\_\_\_ Side effects? \_\_\_\_\_

Child/Activities/Sports/Hobbies/ Rate Interests 1-10 \_\_\_\_\_

Family Living in Home with ages (circle if having significant concern) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family's special customs and traditions, /cultural preference / ethnic identity//other language in home? \_\_\_\_\_ -  
\_\_\_\_\_  
\_\_\_\_\_

Significant Family Medical History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief Child Developmental History incl growth, nutrition \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Significant Past Events: psychological trauma, abuse or neglect?, custody change, substance abuse?, death/loss in family, domestic violence, divorce? etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current **Crisis?** \_\_\_\_\_ Overall **Family Stress** on a 1-10 (10=most distress) \_\_\_\_\_ Child Contribution to Stress 1-10 \_\_\_\_\_ **Job**  
Satisfaction 1-10 (10=most satisfied) \_\_\_\_\_ **Income**-Low End-Middle-Higher End(circle), **Financial Stress** 1-10 (10=most  
critical) \_\_\_\_\_ **Housing** Satisfaction 1-10 \_\_\_\_\_ **Neighborhood** 1-10 \_\_\_\_\_ **Family Coping?** 1-10 (10=best coping) \_\_\_\_\_ **Confidence** that  
things will get better 1-10 \_\_\_\_\_ **Other:** Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Evaluations:** Developmental Pre-School \_\_\_\_\_ Early Intervention \_\_\_\_\_ Agency **1** \_\_\_\_\_  
Services Currently Being Used: Valuing help 1-10 \_\_\_\_\_  
Caseworker/Community Program/ Agencies: Rate helping 1-10. How many agencies? \_\_\_\_\_

**Child Symptoms Home and or School/Pre-Sch Rate Sx (1-10). Sharring Sx in both settings? (Mark B)**

**Physical**

- ☐ Pain/ Fatigue \_\_\_\_\_
- ☐ Nutrition/Growth \_\_\_\_\_
- ☐ Physical Features \_\_\_\_\_
- ☐ Recurrent Illness \_\_\_\_\_
- ☐ Sleep/ Toileting \_\_\_\_\_
- ☐ S/H/V (Speech, Hearing, Vision) \_\_\_\_\_

**Adaptive Behavioral**

- ☐ Temper, Aggression \_\_\_\_\_
- ☐ Impulsivity \_\_\_\_\_
- ☐ Disruptive \_\_\_\_\_
- ☐ Habits/Rituals \_\_\_\_\_
- ☐ School Attendance \_\_\_\_\_
- ☐ Other \_\_\_\_\_

**Emotional**

- ☐ Fear/Anxiety \_\_\_\_\_
- ☐ Rapid Mood Swings \_\_\_\_\_
- ☐ Depression \_\_\_\_\_
- ☐ Anger \_\_\_\_\_
- ☐ Hyperactive/Attention \_\_\_\_\_
- ☐ Self-esteem \_\_\_\_\_

**Development**

- ☐ Social/Friends \_\_\_\_\_
- ☐ Aptitude/IQ/Dev Level \_\_\_\_\_
- ☐ Communication/ Language \_\_\_\_\_
- ☐ Attachment/Bonding \_\_\_\_\_
- ☐ Fine/Gross Motor \_\_\_\_\_
- ☐ Self-help Skills \_\_\_\_\_

School/Pre-Sch Testing, What, When? \_\_\_\_\_

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**1-5 scales (fill in for your child with higher number = best function) (If child under 5 apply to Pre Sch experience)**

Overall Progress/Achievement: 1-5 \_\_\_\_\_ School/Pre-Sch Behavior: 1-5 \_\_\_\_\_ School/Pre-Sch Attendance: 1-5 \_\_\_\_\_

School Social/Peers: 1-5 \_\_\_\_\_ Parent-School Relations and Communication 1-5 \_\_\_\_\_ Cope with School Stress 1-5 \_\_\_\_\_

People you can depend on at School: \_\_\_\_\_

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**Don't forget to bring this form/ school material to your Primary Care provider: (IEP, report cards, testing, sample of work) See Principal Letter under Menu, Contact Us at [http://health.utah.gov/able/contactus/fasttrack\\_counsult.html](http://health.utah.gov/able/contactus/fasttrack_counsult.html)**

**High Concern** maybe determined by either two highlighted components in each of the following domains, or any combination of twelve.

Child ☐ ☐ ☐ ☐ Family ☐ ☐ ☐ ☐ School ☐ ☐ ☐ ☐ Community ☐ ☐ ☐ ☐