

YES NO

1. Were there any complications in your pregnancy? _____

Describe: _____

2. Was the patient a full term delivery? _____

3. Did he/she receive oxygen? _____

4. Did he/she go to special care nursery? _____

5. Did he/she go home on time with mother? _____

6. Does he/she hear well? _____

Any unusual chemical exposure through work or hobbies now or during your pregnancy?

Any serious illness?

Any hospitalizations?

How old was he/she when he/she walked? _____ months

Usual length of attention for subjects other than TV or video games? _____ minutes

List three of your child's weaknesses:

List three of your child's strengths:

