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**IDENTIFYING INFORMATION**

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**CURRENT AGE:** \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**CURRENT SCHOOL:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_

**IEP/Section 504 Plan?:** \_\_\_\_\_

**If so, what classification:** \_\_\_\_\_

**PSYCHIATRIST?:** \_\_\_\_\_

**NEUROLOGIST?:** \_\_\_\_\_

**MEDICATION?:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SOURCE OF REFERRAL:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR REFERRAL:**

**Why are you here?**

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**Suspected learning disability?**

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**Difficulty achieving?**

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**Observed attention and concentration problem?**

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**Apparent motivation problem?**

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**Suspected emotional problem?**

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**What cognitive and/or academic strengths and weaknesses exist, if any?**

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**What are the individual's cognitive and academic developmental levels?**

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**MEDICAL SPECIALISTS:**

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**MEDICAL/HEALTH HISTORY:**

Name, address, and tele.# of your pediatrician?

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When was your child last seen? \_\_\_\_\_

Any medical history of the following?

|           |     |                |     |                        |     |
|-----------|-----|----------------|-----|------------------------|-----|
| Seizures  | Y/N | Frequent colds | Y/N | Sore throats           | Y/N |
| Allergies | Y/N | Ear Infections | Y/N | Enuresis (bed wetting) | Y/N |
| Asthma    | Y/N | Headaches      | Y/N | Kidney infection       | Y/N |

Is your child taking medications? (dosage & side effects)

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Most recent hearing and vision testing? \_\_\_\_\_ Results? \_\_\_\_\_

Has your child ever been involved in a serious accident or suffered a serious injury? When?

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Hospitalizations? What Hospital? When?

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History of lead exposure? Y/N Ever tested? Y/N When? \_\_\_\_\_ Results? \_\_\_\_\_

**FAMILY HISTORY:**

**Who lives in the home?**

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**List siblings names and ages:**

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**Private house, townhouse, apartment?** \_\_\_\_\_

**Pets?** \_\_\_\_\_

**Any siblings residing elsewhere? Half-siblings?**

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**How do the children get along with each other?**

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**Parents names, dates of birth, level of education, and current employment? Any history of learning problems?**

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**After school care is provided by?** \_\_\_\_\_

**Are any siblings experiences similar school problems?**

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**Family history of ADD, mental illness, mental retardation, seizures, learning disabilities?**

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**Stress in your home. Are you having problems with any of the following?**

**Separation, divorce: Y/N**

**Domestic violence: Y/N**

**Financial problems: Y/N**

**Parent's illness: Y/N**

**Work-related problems: Y/N Recent loss of a parent, grandparent: Y/N Alcohol/drug use: Y/N**

**If yes to any, please explain:**

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**Is DYFS currently involved with your family? Y/N**

**Active Case? Y/N**

**Foster care of your children? Y/N**

**Abuse or neglect in your family history?**

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**Community resources used by family:**

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**DEVELOPMENTAL HISTORY:**

**Length of your pregnancy? \_\_\_\_\_**

**Prenatal Care? \_\_\_\_\_**

**Birth weight? \_\_\_\_\_**

**Prenatal Complications? \_\_\_\_\_**

**What hospital? \_\_\_\_\_**

**Vaginal or cesarean delivery? \_\_\_\_\_**

**Complications during the delivery or in the neonatal period?**

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**Was your child ever admitted into the Neonatal Intensive Care Unit? Why and for how long?**

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How long was your baby in the hospital after delivery? \_\_\_\_\_

Did you use drugs or alcohol during the pregnancy? \_\_\_\_\_

Was your child born addicted to any drugs? Y/N

If yes, what drug? \_\_\_\_\_

**Developmental milestones: at what age did your child:**

Crawl: \_\_\_\_\_

Walk: \_\_\_\_\_

Speak single words: \_\_\_\_\_

Speak in sentences: \_\_\_\_\_

Toilet trained: \_\_\_\_\_

Did your child have sleeping problems? Y/N

If yes, please explain: \_\_\_\_\_

Did your child have eating problems? Y/N

Special formulas? \_\_\_\_\_ Breast or bottle fed? \_\_\_\_\_

Is your child currently able to independently dress, bath, eat, use the bathroom? Y/N

If no, please explain: \_\_\_\_\_

Does your child perform chores around the house?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATIONAL HISTORY:**

Did your child attend an Early Intervention Program? Where? When? Why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preschool: What school, what age, full or half days?

\_\_\_\_\_  
\_\_\_\_\_  
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**Daycare Center: At what age? What hours, what days?**

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**Kindergarten. What school? What kind of reports did you receive from his/her teachers?**

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**Schools your child attended. What school(s)? How did your child do in school, what grades?**

**1<sup>st</sup> grade:** \_\_\_\_\_

**2<sup>nd</sup> grade:** \_\_\_\_\_

**3<sup>rd</sup> grade:** \_\_\_\_\_

**4<sup>th</sup> grade:** \_\_\_\_\_

**5<sup>th</sup> grade:** \_\_\_\_\_

**6<sup>th</sup> grade:** \_\_\_\_\_

**7<sup>th</sup> grade:** \_\_\_\_\_

**8<sup>th</sup> grade:** \_\_\_\_\_

**9<sup>th</sup> grade:** \_\_\_\_\_

**10<sup>th</sup> grade:** \_\_\_\_\_

**11<sup>th</sup> grade:** \_\_\_\_\_

**Has your child ever been retained? When? Why?**

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**Has your child received Basic Skills Instruction? When, what subjects?**

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**Did your child ever receive private tutoring? Where? When? Why?**

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**How much time does your child spend on homework per night? Does he/she do work alone or do you have to help?**

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**Has your child ever been seen by the following specialist or were these recommended?**

**Speech Therapy:** \_\_\_\_\_

**Occupational Therapy:** \_\_\_\_\_

**Physical Therapy:** \_\_\_\_\_

**Psychotherapy:** \_\_\_\_\_

**Child Study Team Evaluation:** \_\_\_\_\_

**When?** \_\_\_\_\_

**Where?** \_\_\_\_\_

**SOCIAL ACTIVITIES:**

**Involvement in extracurricular activities?**

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**What activities does your child like in his/her free time?**

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**BEHAVIORAL ISSUES/EMOTIONAL ISSUES:**

**What words would you use to describe your child's personality?**

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**Does your child exhibit symptoms of ADD/ADHD? Distractibility? Impulsivity? Poor Concentration? Difficulty completing tasks?**

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**How does your child get along with his peers? Adults? Authority figures?**

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**Outside of family members, who is the most influential person in your child's life? Why?**

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**Do you feel that your child has positive self-esteem? Are you concerned about depression?**

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**Discipline? What methods do you use? (eg loss of privilege, time out, go to room)**

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**Does your child throw temper tantrums?**

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**What behavior problems do you have with your child at home?**

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**History of physical/emotional/verbal/sexual abuse? Please specify.**

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**Drug or alcohol use?**

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**Has your child expressed suicidal ideation? Suicide gestures? When, what happened as a result?**

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**History of police involvement? Ever run away? Ever arrested? Fires? Animal cruelty?**

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