OFFICE USE ONLY **CAMAT Screening Protocol #20130139**		
ID #: _____	Initials: _____	Date Received: ____/____/_____

IDENTIFYING INFORMATION

Basic Information	
Today's Date: ____/____/_____	Person completing form: _____
Child's First Name: _____	
Child's Last Name: _____	
Grade *(if summer, grade this fall)*: ☐ Pre-K ☐ Kindergarten ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ Other: _____	Child's DOB *(M/D/Y)*: _____
School: _____	Child Age: _____

Parent/Guardian Information	
Mother/Guardian First Name: _____	
Mother/Guardian Last Name: _____	
Mother DOB *(M/D/Y)*: _____	Mother Age: _____
Father/Guardian First Name: _____	
Father/Guardian Last Name: _____	
Father DOB *(M/D/Y)*: _____	Father Age: _____

Contact Information		
Address *(street, apt. #)*: _____		
City: _____	State: _____	Zip: _____
Email Address: _____		
Phone 1: (_____) _____-_____	Who's: _____	Type: ☐ Home ☐Work ☐ Cell
Phone 2: (_____) _____-_____	Who's: _____	Type: ☐ Home ☐ Work ☐ Cell
Phone 3: (_____) _____-_____	Who's: _____	Type: ☐ Home ☐ Work ☐ Cell

Siblings			
Name *(first, last)*:	M/F	Age:	Lives With Child
_____	☐ M ☐ F	_____	☐ Yes ☐ No
_____	☐ M ☐ F	_____	☐ Yes ☐ No
_____	☐ M ☐ F	_____	☐ Yes ☐ No
_____	☐ M ☐ F	_____	☐ Yes ☐ No
_____	☐ M ☐ F	_____	☐ Yes ☐ No
_____	☐ M ☐ F	_____	☐ Yes ☐ No

Other People Living With child			
Name	M/F	Age:	Relationship to child:
_____	☐ M ☐ F	____	_____
_____	☐ M ☐ F	____	_____
_____	☐ M ☐ F	____	_____
_____	☐ M ☐ F	____	_____
_____	☐ M ☐ F	____	_____
_____	☐ M ☐ F	____	_____

OFFICE USE ONLY **CAMAT Screening Protocol #20130139**		
ID #: _____	Initials: _____	Date Received: ____/____/_____

BACKGROUND HISTORY QUESTIONNAIRE

I. Pregnancy

1. Please circle all that apply:
Planned Unplanned Staining
Full term Premature Morning sickness

2. Complications, if any (please describe):

_____
_____
_____

II. Delivery

1. Please circle all that apply:
Vaginal Breech Spontaneous labor
Induced labor Cesarean Prolonged labor

2. Complications, if any (please describe):

_____
_____
_____

3. Birth weight: ____ pounds _____ ounces Birth length: ____ inches

4. Was child healthy at birth? ☐Yes ☐No

If no, please explain health problems:

_____
_____
_____

III. Developmental Stages

1. Please fill in with child's age:
Crawling _____ First steps _____ Walking _____
Talking _____ First words _____ Toilet trained _____

2. Please give child's age and a brief description:
Feeding problems _____
Sleeping problems _____
Stranger anxiety _____

IV. Behavior Management

1. Please list the main rules that your child must follow:

_____
_____
_____
_____

2. Please describe the rewards or reinforcers you give your child for good behavior, and whether or not you feel they are effective on your child:

Reward:	Effectiveness:

3. Please describe the methods of discipline or punishments you use when your child misbehaves, and whether or not you feel they are effective on your child:

Discipline/Punishment:	Effectiveness:

4. Who is the principle disciplinarian in the child's family (i.e. child's mother, father, or both the same)?

V. Marriage and Divorce Information:

1. Current status of child's parents' marriage (please circle): Never married Married Separated Divorced Widowed

2. Length of parents' marriage: _____

Complete the following sections only if parents are divorced or separated:

3. Date of separation: _____
Date of divorce: _____

4. Please describe child's custody and parental visitation agreement:

5. Please describe any ongoing problems between the child's parents which directly influence or relate to the child:

6. Please list any other persons who are involved in the child's care (e.g. stepparents):

Name:	Relationship to the child:

OFFICE USE ONLY **CAMAT Screening Protocol #20130139**		
ID #: _____	Initials: _____	Date Received: ____/____/_____

MEDICAL HISTORY QUESTIONNAIRE

Present Medications

Medication Name	Dose, Frequency	How long has child been on this dose?

Illnesses your child has had

Illness	Age or Date
☐German Measles	
☐Convulsions	
☐Chicken Pox	
☐Measles	
☐Mumps	
☐Whooping Cough	
☐Rheumatic Fever	
☐Scarlet Fever	
☐Diphtheria	
☐Typhoid	
☐Undulant Fever	
☐Encephalitis	
☐Infantile Paralysis	
☐Mononucleosis	
☐Meningitis	
☐Glandular Disorder	

Allergies

Allergy	Age or Date
☐Hives	
☐Hay Fever	
☐Eczema	
☐Asthma	
☐Bites and Stings	

Record any specific allergies to foods, drugs, or other substances:

Fractures	Age or Date

Cardiovascular Illness

Does the child have a history of cardiovascular illness? ☐ Yes ☐No

Does the child use a pacemaker? ☐Yes ☐No

Accidents

List any other significant illnesses not noted above. Please give age or date

Describe any significant events, either emotional or physical, that have involved the child:

Operations Child has had

Operation	Age or Date
☐ Tonsillectomy	
☐Adenoidectomy	
☐Appendectomy	
☐Other (list age/date):	

OFFICE USE ONLY **CAMAT Screening Protocol #20130139**		
ID #: _____	Initials: _____	Date Received: ____/____/_____

List all doctors and other professional people who have examined and/or treated the child (including tutors).		
	Nature of Services*	**Age of child when seen.**
Name:		
Address:		
Name:		
Address:		
Name:		
Address:		
Name:		
Address:		
Name:		
Address:		

** Pediatrician, Psychiatrist, Educator, Psychologist, Ophthalmologist, Optometrist, Speech Pathologist, etc.*

Additional Information

OFFICE USE ONLY **CAMAT Screening Protocol #20130139**		
ID #: _____	Initials: _____	Date Received: ____/____/_____

DEMOGRAPHIC INFORMATION

Sex/Gender
☐Male ☐Female

Race		
☐American Indian/Alaska Native	☐Asian	☐Black or African American
☐Native Hawaiian or Other Pacific Islander	☐White	☐More Than One Race
☐Unknown		
Ethnicity		
☐Hispanic or Latino	☐Not Hispanic or Latino	

Religion			
☐Christian	☐Protestant	☐Catholic	☐Jewish
☐Muslim	☐None	☐Other: _____	

Parent/Guardian Information: (NOTE: *fill out with legal guardian information if not mother and father*)				
Mother's Occupation: _____				
Mother's Highest Level of Education:		☐Less than High School	☐Some High School	
☐GED	☐High School Graduate	☐Technical school/2 year degree	☐Some College	
☐College Graduate	☐Graduate Degree			
Father's Occupation: _____				
Father's Highest Level of Education:		☐Less than High School	☐Some High School	
☐GED	☐High School Graduate	☐Technical school/2 year degree	☐Some College	
☐College Graduate	☐Graduate Degree			
Estimated Family Income (Yearly): $_____				
Parent's Marital Status:	☐Never Married	☐Married	☐Separated	☐Divorced
☐Widowed	☐Other: _____			