

The Center for Attention
Child Information Form

We would appreciate your brief description of your child's attentional challenges with the major and minor difficulties they present. Please complete this form and bring any materials to your initial session that would be helpful in understanding your medical, cognitive and social history (especially any prior evaluations and treatment summaries).

Individual's Name _____ Birthdate _____ Form completed by _____

Complete Address _____

Contact Information: Home/Mobile Telephone () _____; Email address _____

Parent's Names _____ Address (if different) _____

My child's attention is most affected in () focus, () concentration, () memory, and/or () organization at () home, () school and/or () work (list your job: _____).

Brief description _____

Previous evaluation/treatment _____

Family History of attentional/psychological difficulty _____

Medical History: serious illnesses/treatment _____

operations _____ allergies _____ medications _____

Consultation Information: I believe that the following individual(s) should be consulted to provide additional information concerning my attentional problem (contact/fax info):

1. _____

2. _____

Person completing this form

Date

Best time/method for contact