

DR. MANDI'S INTEGRATIVE PEDIATRICS, LLC

SCHOOL AND SOCIAL HISTORY FORMS

SCHOOL HISTORY

School Name:

Grade:

Is your child in an IEP?

Is your child receiving any special services at school?

Do you have any concerns regarding your child's progress (academics, social)?

SOCIAL HISTORY:

Who are the primary caregivers for your child?

Any recent stressful events (life changes, losses, births, deaths, divorce, moves, arguments, financial issues)?

How does your child interact with other children?

How does your child interact with adults?

HABITS

Does your child read – how many hours/day?

Does your child watch TV – how many hours/day?

Does your child listen to music with ear phones – how many hours/day?

Does your child play video games or computer games – how many hours/day?

Does your child play sports? Please list:

Does your child attend daycare?

What are your child's favorite activities?

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