

# CONFIDENTIAL

(Do NOT complete electronically. Print blank form and complete in pen/pencil)

## Pre-Clinic Case Summary, UW FAS Clinic

Patient's Name \_\_\_\_\_ Clinic Date year month day \_\_\_/\_\_\_/\_\_\_  
Ethnicity \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_  
Chronological Age \_\_\_/\_\_\_/\_\_\_

Child referred to clinic by: Name/Agency: \_\_\_\_\_  
Relationship to Client: \_\_\_\_\_

Child accompanied to clinic by: Name: \_\_\_\_\_  
City: \_\_\_\_\_ phone: \_\_\_\_\_

\*NPIF completed by \_\_\_\_\_ Date \_\_\_\_\_

Reason for coming to clinic, goals for clinic, and/or significant concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal guardian: \_\_\_\_\_

Current caregiver (name, relationship, city, others living in home): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 1. Birth, Family & Social History

#### Birth history:

Place of birth (Hopsital, City): \_\_\_\_\_

Duration of pregnancy: \_\_\_\_\_

Type of delivery: \_\_\_\_\_

Birthweight, Length, OFC: \_\_\_\_\_

Apgars, birth complications, etc.: \_\_\_\_\_  
\_\_\_\_\_

Patient's Name \_\_\_\_\_

Clinic Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 2

Alcohol exposure: \_\_\_\_\_

\_\_\_\_\_

Reported by: \_\_\_\_\_

Other substances, teratogens: \_\_\_\_\_

Prenatal care: \_\_\_\_\_

Other early medical or related concerns: \_\_\_\_\_

\_\_\_\_\_

Birth mother (age, race/ethnicity, D/A history, contact with child, previous children, current residence. NOTE: avoid disclosing name in presentation): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Birth father: (age, race/ethnicity, social history, D/A history, contact with child, current residence. NOTE: avoid disclosing name in presentation): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional family history (birth siblings/years of birth, sibling development): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Placement History (previous caregivers/placements, losses, moves): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient's Name \_\_\_\_\_

Clinic Date \_\_\_/\_\_\_/\_\_\_ 3

Social History, Other Significant Concerns (abuse, neglect, etc.): \_\_\_\_\_

---

---

---

---

---

---

---

---

---

## 2. Developmental/Medical History

Developmental history (milestones, etc.): \_\_\_\_\_

---

---

---

Medical diagnoses/problems (e.g asthma, hearing impairment, etc. Note if current): \_\_\_\_\_

---

---

---

---

Injuries, head injuries, hospitalizations, seizures, etc.: \_\_\_\_\_

---

---

---

Chromosomal analyses: \_\_\_\_\_

Neuroimaging, ultrasound, x-rays: \_\_\_\_\_

---

---

Medication history (note current medications): \_\_\_\_\_

---

---

---

**3. Psychological/Psychiatric History**

History of behavioral/emotional problems/issues: \_\_\_\_\_

---

---

---

---

Current behavioral/emotional problems/issues: \_\_\_\_\_

---

---

---

Diagnoses (note if current): \_\_\_\_\_

---

---

---

---

**4. Psychological/Counseling Interventions** (name of therapist, focus of therapy, effectiveness, type of therapy, dates of therapy)

Current: \_\_\_\_\_

---

---

Past: \_\_\_\_\_

---

---

**5. Other Community Interventions** (speech/language therapy, occupational therapy, clinical referrals, physical therapy, alternative therapies, wraparound services, biofeedback, respite, research studies, etc.). \_\_\_\_\_

---

---

---

---

---



Patient's Name \_\_\_\_\_

Clinic Date \_\_\_/\_\_\_/\_\_\_ 6

Date of Assessment: \_\_\_\_\_ Child's chronological age at time of testing: \_\_\_\_\_

Source/Purpose of Assessment: \_\_\_\_\_

<u>Test (subtest)</u>	<u>Score (type)</u>	<u>%ile rank</u>

Date of Assessment: \_\_\_\_\_ Child's chronological age at time of testing: \_\_\_\_\_

Source/Purpose of Assessment: \_\_\_\_\_

<u>Test (subtest)</u>	<u>Score (type)</u>	<u>%ile rank</u>

Date of Assessment: \_\_\_\_\_ Child's chronological age at time of testing: \_\_\_\_\_

Source/Purpose of Assessment: \_\_\_\_\_

<u>Test (subtest)</u>	<u>Score (type)</u>	<u>%ile rank</u>

