

**CHILD & FAMILY CONNECTIONS
INTAKE/SOCIAL HISTORY SUMMARY SHEET**

Child's Last Name, First Name & Middle Initial: Jones, Theia D
 Child's Date of Birth (Month/Date/Year): 02/19/11 Date of Intake: 08/29/15
 Chronological Age (CA): 30 Months 10 Days Adjusted Age (AA): Months Days
 CFC #: 11 Name of Service Coordinator: Maria Kastanis
 Name of Person Completing Intake: Maria Kastanis

I. REFERRAL INFORMATION REVIEW

Review the reasons(s) for referral with the family member(s): Does the family agree or disagree? Summarize discussion below:

Theia was referred by her pediatrician because of concerns with her behavior. Theia has been having tantrums and as a result Theia had to change to a new daycare. Parents also report that they seldom go out because Theia's tantrums are hard to manage. Parents report that they feel her tantrums are also affecting her play, because other children don't want to play with her.

II. OTHER PERSONS RESIDING IN HOUSEHOLD WITH CHILD

Please list all members of child's immediate family and other persons living in the same household and provide the information requested below (also enter this in PA16 in Cornerstone):

Family Member Name	Relationship	Date of Birth	Occupation- Place of Employment/ Grade in School	Other Comments
Tina	Mother	06/19/84	homemaker	
Nik	Father	05/03/82	trader	

Is there a history of medical or developmental problems in either the mother or father's side of the family that may be important for us to know with respect to your child? Yes No

If yes, please explain. _____

III. PRIMARY MEDICAL CARE

Primary Care Physician:		
<i>Dr. Dipiazza</i>		<i>312-555-0011</i>
<i>Physician's Name</i>		<i>Phone #</i>
<i>Dr. Koonloo</i>	<i>Allergist</i>	<i>312-400-0000</i>
<i>Specialty Physician</i>		<i>Phone #</i>
Reason to see specialist and results of visit:		
<i>Dr. Smith</i>	<i>ENT</i>	<i>312-300-0000</i>
<i>Specialty Physician</i>		<i>Phone #</i>
Reason to see specialist and results of visit:		
<i>Specialty Physician</i>		<i>Phone #</i>
Reason to see specialist and results of visit:		
<i>Specialty Physician</i>		<i>Phone #</i>

IV. HEALTH HISTORY SINCE BIRTH

How has your child's health been since birth? (include discussion of illnesses, hospitalizations, long-term medications, etc.):

Theia has had many ear infections, she had tubes placed in last year and has not had any ear infections since then. She is also allergic to milk and eggs. She has had no hospitalizations.

Prescribed Medications:	Reason Taken:
<i>NONE</i>	
Adaptive Equipment:	Reason Needed:
<i>NONE</i>	

V. SCREENING & ASSESSMENT HISTORY

Please list dates of previous screening, assessments or other tests (including birth and developmental screening, vision and hearing, etc):

<i>Date</i>	<i>Test Administered</i>	<i>By Whom?</i>	<i>Results/Comments</i>
<i>02/19/11</i>	<i>New Born Hearing Screening</i>	<i>Prentice</i>	<i>Passed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</i>
	<i>Additional Hearing Tests</i>		
	<i>Vision</i>		

VI. BIRTH AND PREGNANCY INFORMATION

Please complete the EI20 and PA11 in Cornerstone

VII. RESULTS OF ROUTINE BASED INTERVIEW AND ASQ:SE

STRENGTHS: Objective Observations, Parent Statements About Support Systems, Use of Other Resources, Parent/Child Interaction, Knowledge/Understanding of Child's Needs, etc.

Tina is actively involved in Theia's activities. She is an avid reader and reads many parenting books. She tries to problem solve issues that arise with daycare by talking and trying things out that teacher suggests. Theia is very independent and ususally likes to do things on her own. She is very loving with her baby brother and will often assist Tina with caring for him. She usually does well when she is asked to help out.

SUPPORTS AND RESOURCES: (List all supports and resources available to the family including childcare (Home, Center or Relative), Extended Family, Church, Community Playgroups, WIC, All Kids/Medicaid, Respite Care, Health Department, etc.)

Both Tina and Nik have a very large extended family that help out both kids. The maternal grandmother takes care of Theia for a few hours every day. Theia attends day care 5 days a week. She has recently transitioned to a new daycare and because it is very structured, the parents feel that Theia is doing well. Tina has tried to put some strategies in place that the day care is using, and would like information about what else she could do. Tina noticed that Theia is much calmer around other children.

FAMILY ROUTINES: List Important Family Routines Including Satisfaction and Struggles with those Routines: (NOTE: This should be a Summary of Routines that are most important and have the highest priorities For Each Family. Same routines such as bed or bath time will differ in importance and priority across families).

1. Bedtime is a big priority. It takes Theia about 2 hours to fall asleep.
2. Throwing up when upset, especially at night, which requires the parents to change sheets & bathe
3. Mealtimes - Theia is a very picky eater/allergies
4. Leaving daycare - Tina reports that Theia screams & cries when picked up by Tina for no reason
5. Screaming in the morning for no apparent reason
6. No time for Nik & Tina alonge
7. Tina feels she is neglecting Nik
8. Tina feels that Theia is testing her all the time, doesn't know

DEVELOPMENTAL CONCERNS, ISSUES and PRIORITIES: Parental Concerns/Issues identified through conversation/ ASQ:SE/RBI, Objective Statements of SC Observations, Family Priorities as Related to Their Child's Development, etc.

Parents would like to find ways to help Theia calm herself when upset. They feel that she does not have a way to cope with transitions throughout the day. They are concerned that Theia may have emotional problems and they don't want it to affect her academic years. Theia's new daycare has given them new ideas to try at home. Parents have tried the ideas at home, but they have been unsuccessful.

ASQ-SE	85	Concerns: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Evaluations Needed:	<input checked="" type="checkbox"/> DT	<input type="checkbox"/> ST	<input type="checkbox"/> PT	<input checked="" type="checkbox"/> OT	<input checked="" type="checkbox"/> SW	<input type="checkbox"/> Psych
Other:						