

San Diego Kids First  
Deborah Pontillo, Ph.D., Director PSY#18934

BIOGRAPHICAL INFORMATION FORM

Today's Date: \_\_\_\_\_

Name of Child (First and Last): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Occupation: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

If the child's parents/guardians are separated or divorced, please describe the custodial arrangements: \_\_\_\_\_

Address (please include street, city, and zip code):

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email address: (please print) \_\_\_\_\_

Languages spoken by child: \_\_\_\_\_

Are there siblings or other children in the home? Please list their gender and ages:

\_\_\_\_\_

Who referred you to Dr. Pontillo? \_\_\_\_\_

Who is the child's pediatrician? \_\_\_\_\_

Are there other professionals involved in the care of your child? If so, please list their name(s) and professional role(s):

\_\_\_\_\_  
\_\_\_\_\_

Please list any notable medical history, including allergies. Please make sure to include past as well as current concerns (e.g. history of ear infections, surgeries, hospitalizations etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Was your child born prematurely? \_\_\_\_\_ If so, at what gestational age? \_\_\_\_\_

What was your child's weight at birth? \_\_\_\_\_

Please describe any pregnancy or birth complications:

\_\_\_\_\_

How old was your child when the following milestones were met? (approximately)

Crawled: \_\_\_\_\_

Walked: \_\_\_\_\_

Said first word (e.g. "ball", "more"): \_\_\_\_\_

Put two words together spontaneously (e.g. "more juice"): \_\_\_\_\_

Was potty trained: \_\_\_\_\_

In your opinion, were developmental milestones in the first 3 years of life achieved at age-appropriate times? If not, please explain:

\_\_\_\_\_

\_\_\_\_\_

Does your child currently take any medications? If so, please list name and dosage:

\_\_\_\_\_

What school is your child currently attending? (If not applicable, please put N/A):

\_\_\_\_\_

If your child is enrolled in school, what grade is he/she attending?

\_\_\_\_\_

Please note any family history of developmental, learning, or psychiatric concerns:

\_\_\_\_\_

\_\_\_\_\_

What is the concern that brings you to Dr. Pontillo today?

\_\_\_\_\_

\_\_\_\_\_

What do you hope to achieve as a result of the assessment/treatment process?

\_\_\_\_\_

\_\_\_\_\_