



## AUTISM CASE HISTORY FORM

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_ D.O.B.: \_\_\_\_\_

Parent: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

What age was your child diagnosed? \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite foods? \_\_\_\_\_

Does your child have any other medical conditions? \_\_\_\_\_

\_\_\_\_\_

Are there other siblings in the family? \_\_\_\_\_

Where does your child attend school? \_\_\_\_\_

What are your concerns for your child? \_\_\_\_\_

\_\_\_\_\_

What do you need help with at home for your child? \_\_\_\_\_

\_\_\_\_\_

What concerns do you have for your child at school? \_\_\_\_\_

\_\_\_\_\_