โรงพยาบาลมนารมย์
Manarom Hospital

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Child and Family Background Information- SNAP- IV Form

Date……

Information provider

☐ Father ☐ Mother

☐ Relatives (Please specify)..... ☐ Others (Please specify).....

Suggested for consultation by ☐ None ☐ Relatives ☐ Teacher ☐ Others (Please specify).....

A. Child Information

Full Name……..…….. Nickname…… Gender ☐Female ☐Male

BD. ……DD/MM/Y…. Age…... years……. months Religion (please specify) ……

Grade …….. Program (Regular / IEP, please specify) ……..

School Name……..……..

Current Address……..……

…….. Telephone Number……..

Currently living with ☐ Father and mother ☐ Father ☐ Mother ☐ Others (Please specify)……..…

The child knew about this consultation prior this visit? ☐ Yes ☐ No

B. Pregnancy and Childbirth Information

- Age of mother while pregnant..... years old Antenatal care ☐ Yes ☐ No
- Pregnancy conditions
  - ☐ Normal
  - ☐ Physical problems ex. vaginal bleeding during pregnancy / threatened miscarriage (Please specify).....
  - ☐ Drugs / Substances use (Please specify).....
  - ☐ Mental problems: stress, depression (Please specify).....
- Childbirth ☐ Full term ☐ Premature …… months ☐ Post mature …… months
- Delivery methods ☐ Natural (Unassisted)
  - ☐ Cesarean section (C-section) according to ……..
  - ☐ Assisted childbirth ……
- Birth weight …….. Grams
- Postnatal conditions ☐ Healthy ☐ Complications ……..……..
- Mother's mental health after childbirth
  - ☐ Normal ☐ Uneasy ex. stress, depression (Please specify).....

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C. Developmental History

- Gross Motor Development (When) :

  Roll over at ..... months Walk without support at ..... months

- Fine Motor Development (When):

  Being able to use three fingers holding pencil to write or draw at ..... years ..... months

  Being able to unbutton at ..... years ..... months

  Being able to button at ..... years ..... months

  Being able to tie shoelaces at ..... years ..... months

- Language Development (When):

  Started saying first word with meaning (ex. mom, dad) at ..... years ..... months

  Started saying two-syllabus words (ex. water, toilet) at ..... years ..... months

  Started making sentences at ..... years ..... months

- Social Skills Development:

Being able to make eye contact	☐ Yes	☐ Sometimes	☐ No
Being able to play in group with other kids	☐ Yes	☐ Sometimes	☐ No
Enjoy interacting with others, make conversation or show off	☐ Yes	☐ Sometimes	☐ No
Being able to understand other people's emotion and thoughts	☐ Yes	☐ Sometimes	☐ No

- Temperament ☐ Easy child ☐ Moderately difficult child ☐ Very difficult child

- Interests / hobbies / talents .....

- Previous consultation or treatment for developmental delay, emotional or behavioral problems

  ☐ None

  ☐ Yes, at ..... years old, (please describe).....

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D. Health History

- Current health status ☐ Healthy ☐ Unhealthy (please specify).....
- Immunization records ☐ Completed ☐ Not completed
- Congenital disease ☐ None ☐ Yes (please specify).....
- Previous Operation ☐ None ☐ Yes at..... years old
- Current regular medication ☐ None ☐ Yes (please specify).....
- Previous regular medication ☐ None ☐ Yes at..... years old (please specify).....
- Drug Allergy ☐ None ☐ Yes (please identify medicine and symptoms)
  .....
- Food allergy or others ☐ None ☐ Yes (please specify).....
- Seizure ☐ None ☐ Yes (please specify).....
- Snoring ☐ None ☐ Yes, started at..... years old
- Head injury accident ☐ None ☐ Yes at..... years old
- Brain infection disease ☐ None ☐ Yes at..... years old
- Hospital admissions due to accidents ☐ None ☐ Yes at..... years old (please specify).....
- Menstruation (Girl only) ☐ Not yet ☐ Yes, started at..... years old
- Drug abuse ☐ None ☐ Yes, started at..... years old (please specify).....

E. Family Health Records

Family mental health record ex. Depressive Disorder, Anxiety, Attention Deficit Hyperactivity Disorder (ADHD)

☐ None ☐ Yes (please specify).....

F. Raising Information

- Main caregiver ☐ Parents ☐ Relatives ☐ Nanny
- Social media usage (When):
  - ☐ Started watching television at ..... years old, for ..... hours per day
  - ☐ Started using internet (ex. online game / Youtube / social media) at ..... years old, for .....hours per day
- Please describe the parenting styles ex. how to handle child's inappropriate behaviors etc.

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G. Family Information

	Father	Mother	Other important person
First name			
Last name			
Age			
Education			
Occupation (please specify position)			
Work place			
Monthly income			
Contact Number			

H. Siblings (He or she is the child number …… in …… children.)

Full Name	Age	School name	Grade
1)			
2)			
3)			
4)			

I. Child's Problem Information

Please describe the problems regarding your child that you would like to consult about.

.....

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.....

.....

Please state three problems (the most urgent to the less severe matters) that require assistance.

1. .....
2. .....
3. .....

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SNAP-IV

For each item, check mark the column which best describes this child/adolescent:

		Not at All	Just a little	Quite a bit	Very much	For Staff Only	
1	Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks						
2	Often has difficulty sustaining attention in tasks or play activities						
3	Often does not seem to listen when spoken to directly						
4	Often does not follow through on instructions and fails to finish schoolwork, chores, or duties						
5	Often has difficulty organizing tasks and activities						
6	Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort						
7	Often loses things necessary for activities (e.g., toys, school assignments, pencils or books						
8	Often is distracted by extraneous stimuli						
9	Often is forgetful in daily activities						
10	Often fidgets with hands or feet or squirms in seat						
11	Often leaves seat in classroom or in other situations in which remaining seated is expected						
12	Often runs about or climbs excessively in situations in which it is inappropriate						
13	Often has difficulty playing or engaging in leisure activities quietly						
14	Often is “on the go” or often acts as if “driven by a motor”						
15	Often talks excessively						
16	Often blurts out answers before questions have been completed						
17	Often has difficulty awaiting turn						
18	Often interrupts or intrudes on others (e.g., butts into conversations/ games)						
19	Often loses temper						
20	Often argues with adults						
21	Often actively defies or refuses adult requests or rules						
22	Often deliberately does things that annoy other people						
23	Often blames others for his or her mistakes or misbehavior						
24	Often is touchy or easily annoyed by others						
25	Often is angry and resentful						
26	Often is spiteful or vindictive						