



CONFIDENTIAL NOT TO BE RELEASED TO OTHERS WITHOUT WRITTEN CONSENT OF PATIENT

DATE _____

CHILD DEVELOPMENT HISTORY

Individual Information

Child's Name _____ Parent(s)/Guardian(s) Name _____

Child's D.O.B _____ Child's Current Age _____ Male Female

What are the problems that caused you to seek help for this child?

Family History

Who does the child live with (select one):

- Both parents Mother Father Mother & Stepfather Father & Stepmother
- Legal Guardian Other (please specify) _____

Status of Parents' Marriage:

- Married Separated Divorced Widowed Single

How long married? _____ How long divorced? _____ Child's age at divorce _____

Birth Mother

Current Age: _____
 Highest Grade Completed: _____
 Diploma/Degree: _____
 Occupation: _____

Birth Father

Current Age: _____
 Highest Grade Completed: _____
 Diploma/Degree: _____
 Occupation: _____

Please describe any special education or tutoring received by birth parents:

Birth Mother

Birth Father

Please describe any grades repeated or subjects failed:

Birth Mother

Birth Father

Please describe any learning difficulty, subject, and grade level at which it occurred:

Birth Mother

Birth Father

Please describe any behavior problems and treatments received:

Birth Mother

Birth Father

Please describe any psychological or psychiatric problems for which treatment was received:

Birth Mother

Birth Father

Any attention or hyperactivity problems? Describe any treatments:

Birth Mother

Birth Father

Adoptive or Step Mother

Adoptive or Step Father

Current Age: _____

Current Age: _____

Highest Grade Completed: _____

Highest Grade Completed: _____

Diploma/Degree: _____

Diploma/Degree: _____

Occupation: _____

Occupation: _____

Other Children (include step-siblings and half-siblings):

Name	Current Age	Gender	Raised in home?	Behavioral Problems
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Biological Extended Family

Do any extended family members (maternal/paternal grandparents, uncles, aunts cousins) of the child suffer a problem with inattentiveness, hyperactivity, epilepsy, seizures, migraines, alcoholism, substance abuse; psychological, emotional, or personality difficulty; learning problems or developmental disabilities, and/or a "nervous" or neurological disorder; etc.? If yes, please list their relationship to you, the disorder, and any treatment received.

Maternal (mother's side)

Paternal (father's side)

Please note any other information about the child's extended family that might help us understand the medical, developmental, behavioral, educational, emotional, or psychological growth.

Birth and Developmental History

Pregnancy

Length in months _____ Any illnesses or complication during pregnant? Yes No

If yes, explain: _____

Medications taken **during** the pregnancy? _____

Substances used **during** the pregnancy:

Cigarettes	How many?	Daily _____	Weekly _____
Alcohol	How many drinks?	Daily _____	Weekly _____
Drugs			

Please describe type(s) of drug, frequency of use, and at what month of pregnancy use was stopped (if applicable):

Was the father taking any medications or drugs at time of conception? If so what?

How many pregnancies and/or miscarriages did the mother have? _____

Labor and Delivery

Was the birth "normal" and uneventful? Yes No If no, please describe:

Perinatal History

Birth weight _____ Length _____ APGAR scores _____

Did the child or mother stay in Special or Intensive Care? Yes No

If yes, please describe any problems. _____

List any birth defects.

Infancy and Early Childhood

Please rate your childhood behaviors: Indicate 1 if the behavior on the left was present the majority of the time; circle 5 if the behavior on the right was present the majority of the time. Stages in between are represented by 2, 3, and 4.

	1	2	3	4	5	
quiet and content						colicky and irritable
very easy to feed						daily feeding problems frequent
slept well usually						sleeping problems often restless
relaxed underactive						overactive

1 2 3 4 5

easy to hold/cuddle					did not enjoy holding or cuddling
easy to calm down					tantrums and/or head-banging
cautious, careful					accident prone and/or daredevil
coordinated					uncoordinated
liked eye contact					avoided eye contact
enjoyed people					disliked contact with people

Other problems or comments regarding infancy or early childhood development:

Did any event, health condition, separation, etc., disturb early infant/mother bonding or the developing toddler/mother relationship? Yes No

If yes, please explain. _____

Ages at Milestones

Gross motor: crawled @ ___ months, walked alone @ ___ months, ran well @ ___ months

Fine motor: fed self with spoon @ ___ months, scribbled @ ___ months, tied shoes @ ___ months

Language: used single words @ ___ months, used sentences (2+ words) @ ___ months, described activity @ ___ months

Social/Adaptive: toilet trained/day @ _____ months, toilet trained/night @ _____ months

Rate of development overall: Slow Normal Fast

Medical History

Was the child ever taken to the emergency room with a serious emergency, hospitalized, or had an outpatient surgery since birth? Yes No

If yes, please describe condition/injury, treatment, any surgery, when, how long, and where.

If the child had a head injury, did he/she lose consciousness? Yes No if yes, how long? _____

Was he/she comatose? Yes No If yes, how long? _____

Is the child seen as hyperactive? Yes No inattentive? Yes No

a behavior problem? Yes No

Describe any other handicapping conditions or special health considerations and their treatments.

Were hearing tests normal? Yes No If no, please describe. _____

Were vision tests normal? Yes No If no, please describe. _____

List any medications (including nonprescription medications) taken in the past and any the child is currently taking _____

Overall, the child's health is: Poor Fair Good Excellent

Behavioral and Mental Health History

Describe any behaviors that are concerning adults in the child's life.

Did the child receive a diagnosis? If so, please list and by whom?

Diagnosis: _____ By: _____

Diagnosis: _____ By: _____

Diagnosis: _____ By: _____

List any unusual, traumatic, or possibly stressful events in the child's life that may have had an impact on development. Include incident, age at the time, and any comments.

Incident: _____ Age: _____ Comments: _____

Incident: _____ Age: _____ Comments: _____

Incident: _____ Age: _____ Comments: _____

Personality and Behavior

Check all traits that apply to the child and write additional traits in the spaces provided:

- | | | | |
|-----------------|---------------------|--------------------|--------------|
| sad | happy | leader | follower |
| moody | friendly | quiet | overactive |
| independent | dependent | sensitive | affectionate |
| fearful | cooperative | tantrums | lethargic |
| too responsible | trouble sleeping | hard to discipline | easy going |
| even tempered | prefers to be alone | | |

Educational History

Did the child attend preschool or daycare? Yes No

Location: _____ Type of program: _____ Number of days per week: _____

Age started: _____ Progress in program: _____

Describe child's performance and any concerns in each grade:

Kindergarten _____

1st grade _____

2nd grade _____

3rd grade _____

4th grade _____

5th grade _____

Middle school _____

High school _____

Any special education programs? Yes No

If yes, describe _____

Learning Disability (LD): Subjects _____

Language Disorder: Type _____

Tutoring:
Subjects _____

Any intelligence, cognitive, and/or achievement testing? Yes No

If yes, what were the results?

Test: _____ Results: _____

Test: _____ Results: _____

Test: _____ Results: _____