CHILD DEVELOPMENTAL HISTORY

IDENTIFYING INFORMATION

Name of Child _____ Sex (M) □ (F) □

Birth Date _____ Place of Birth _____ Age _____

Address (number and street) _____

(City) _____ (State) _____ (Zip Code) _____

Telephone _____ Religion (optional) _____

Education (grade) _____ Present School _____

Referral Source _____

With whom does child live? _____

If parents are divorced, who has physical custody of child? _____

CHIEF COMPLAINTS:

Presenting Problems (check all that apply):

□ **Very unhappy**	□ **Impulsive**	□ **Fire setting**
□ **Irritable**	□ **Stubborn**	□ **Stealing**
□ **Temper outburst**	□ **Disobedient**	□ **Lying**
□ **Withdrawn**	□ **Infantile**	□ **Sexual trouble**
□ **Daydreaming**	□ **Mean to others**	□ **School performance**
□ **Fearful**	□ **Destructive**	□ **Truancy**
□ **Clumsy**	□ **Trouble with the law**	□ **Bed wetting**
□ **Overactive**	□ **Running away**	□ **Soiled pants**
□ **Slow**	□ **Self-mutilating**	□ **Eating problems**
□ **Short attention span**	□ **Head banging**	□ **Sleeping problems**
□ **Distractible**	□ **Rocking**	□ **Sickly**
□ **Lacks initiative**	□ **Shy**	□ **Drug use**
□ **Undependable**	□ **Strange behavior**	□ **Alcohol use**
□ **Peer conflict**	□ **Strange thoughts**	□ **Suicide talk**
□ **Phobic**	□ **Other (Explain)**	_____

How long have these problems occurred (number of weeks, months, years)? _____

What happened that makes you seek help at this time? _____

_____

Problems perceived to be: □ **very serious** □ **serious** □ **not serious**

What are your expectations of your child? _____

_____

What changes would you like to see in your child? _____

_____

What changes would you like to see in yourself? _____

_____

What changes would you like to see in your family? _____

_____

CURRENT FAMILY SITUATION

Mother—Relationship to Child □ natural parent □ step parent □ relative □ adoptive parent

Occupation_____

Education_____ **Religion**_____

Birthplace_____ **Birthdate**_____

Age _____

Father—Relationship to Child □ natural parent □ step parent □ relative □ adoptive parent

Occupation_____

Education_____ **Religion**_____

Birthplace_____ **Birthdate**_____

Age _____

Marital History of Parents

Natural Parents: □ married **when** _____ **age** _____

□ separated **when** _____ **age** _____

□ divorced **when** _____ **age** _____

□ deceased **M or F**_____

Step Parents: □ married **when**_____

If child is adopted:

Adoption source:_____

Reason and circumstances: _____

_____

Age when child first in home:_____ **Date of legal adoption:** _____

What has the child been told:_____

_____

_____

LIVING ARRANGEMENTS
Number of moves in child's life_____

Places	Dates
_____	_____
_____	_____
_____	_____
_____	_____

Present Home □ renting □ buying □ house □ apartment

Does the child share a room with anyone else? □ Yes □ No

If yes, with whom? _____

If no, how long has he/she had own room? _____

Was the child ever placed, boarded, or living away from the family? □ Yes □ No

Explain: _____

What are the major family stresses at the present time, if any? _____

_____

_____

BROTHERS AND SISTERS (Indicate if step-brothers or step-sisters):

Name	Age	Sex	School or Occupation	Present Grade	Living at home (yes or no)	Use drugs or alcohol (yes or no)	Treated for drug abuse (yes or no)
1.							
2.							
3.							
4.							
5.							
6.							

Others living in the home (and their relationship):

1. _____

2. _____

HEALTH OF FAMILY MEMBERS (excluding patient):

Name	Relationship to child	Type of Illness	When Occurred	Length of Illness
1.				
2.				
3.				
4.				

Does or did any member of the child's family have any problems with:
□ reading □ spelling □ math □ speech

(If yes, please explain):_____

Is there any history in the child's family of:
□ mental retardation □ epilepsy □ birth defects □ schizophrenia

CHILD HEALTH INFORMATION

Note all health problems that child has had or has now

	AGE		AGE
□ High fevers	_____	□ Dental problems	_____
□ Pneumonia	_____	□ Weight problems	_____
□ Flu	_____	□ Allergies	_____
□ Encephalitis	_____	□ Skin problems	_____
□ Meningitis	_____	□ Asthma	_____
□ Convulsions	_____	□ Headaches	_____
□ Unconsciousness	_____	□ Stomach Problems	_____
□ Concussions	_____	□ Accident prone	_____
□ Head injury	_____	□ Anemia	_____
□ Fainting	_____	□ High or low blood pressure	_____
□ Dizziness	_____	□ Sinus problems	_____
□ Tonsils out	_____	□ Heart problems	_____
□ Vision problems	_____	□ Hyperactivity	_____
□ Hearing problems	_____	□ Other illnesses (explain)	_____
□ Earaches	_____	_____	

Has the child ever been hospitalized? □ Yes □ No
If yes, please explain:_____
Age_____ How long_____ Reason_____

Has the child ever taken, or is he/she presenting taking any prescribed medications? □ Yes □ No

Please list medications _____

Age_____ How long_____ Reason_____

Name of Primary Care Physician:_____

Address _____Phone_____

DEVELOPMENTAL HISTORY

Pre-natal—Child wanted? □ Yes □ No Planned for? □ Yes □ No
Normal pregnancy? □ Yes □ No

If mother ill or upset during pregnancy, please explain:_____

_____

Length of pregnancy:_____

Parental support and acceptance (please explain):_____

_____

BIRTH

Length of active labor: _____hours □ Easy □ Difficult

Full term: □ Yes □ No

If premature, how early:_____

If overdue, how late:_____

Birth weight:_____lbs._____oz.

Type of delivery: □ spontaneous □ cesarean □ with instruments

□ head first □ breech

Was it necessary to give the infant oxygen: □ Yes □ No If yes, how long:_____

Did infant require blood transfusions: □ Yes □ No

Did infant require X-ray? □ Yes □ No

Physical condition of infant at birth:_____

Did mother abuse alcohol/drugs during pregnancy? □ Yes □ No

NEWBORN PERIOD

			How long?
Irritability	□ Yes	□ No	_____
Vomiting	□ Yes	□ No	_____
Difficulty Breathing	□ Yes	□ No	_____
Difficulty Sleeping	□ Yes	□ No	_____
Convulsions/Twitching	□ Yes	□ No	_____
Colic	□ Yes	□ No	_____
Normal Weight Gain	□ Yes	□ No	_____
Was Child Breast Fed?	□ Yes	□ No	_____

DEVELOPMENTAL MILESTONES

Age at which child:

Sat up:_____ Crawled: _____

Walked: _____ Spoke single words:_____

Spoke sentences:_____ Bladder trained:_____

Bowel trained:_____ **Weaned:**_____

Describe manner in which toilet training was accomplished:_____

_____

EARLY SOCIAL DEVELOPMENT
Relationship to siblings and peers:

□ individual play □ group play
□ competitive □ cooperative
□ leadership role □ a follower

Describe special habits, fears, or idiosyncrasies of the child:_____

_____

_____

_____

EDUCATIONAL HISTORY

	Name of school	City/State	Dates Attended From	To	Grades Completed
preschool	_____	_____	_____	_____	_____
elementary	_____	_____	_____	_____	_____
middle school	_____	_____	_____	_____	_____
high school	_____	_____	_____	_____	_____

Types of class: □ regular □ learning disability □ gifted
□ emotionally handicapped □ other

Did child skip a grade: □ Yes □ No **Repeat a grade?** □ Yes □ No
(If yes, when and how many years? Appropriate grade level at present time?)_____

_____

Did child have any specific learning disabilities? □ Yes □ No
Please describe _____
Has child ever had a tutor or other special help with school work? □ Yes □ No
Does child attend school on a regular basis? □ Yes □ No
Does child appear motivated for school? □ Yes □ No
Has child ever been suspended or expelled from school? □ Yes □ No

ACADEMIC PERFORMANCE
Highest grade on last report card?_____
Lowest grade on last report card?_____

Favorite subject?_____

Least favorite subject?_____

Does child participate in extracurricular activities? □ **Yes** □ **No**

Please describe _____

In school, how many friends does child have: □ **a lot** □ **a few** □ **none**

What are child's educational aspirations?

□ **Quit school**

□ **Graduate from high school**

□ **Go to school**

Has child had special testing in school? (If yes, what were the results?)

Psychological □ **Yes** □ **No** **Vocational** □ **Yes** □ **No**

List child's special interests, hobbies, skills:_____

_____

_____

_____

_____

_____

Has the child ever had difficulty with the police? □ **Yes** □ **No** **(If yes, please explain)**

_____

Has the child ever appeared in juvenile court? □ **Yes** □ **No** **(If yes, please explain)**

_____

Has the child ever been on probation? □ **Yes** □ **No** **(If yes, please explain)**

_____

ADDITIONAL COMMENTS