DEVELOPMENTAL HISTORY FORM

Date: _____

Child's Full Name: _____ Gender: _____

Child's Nickname/Preferred Name, if applicable: _____

Age: _____ Date of Birth: _____ Grade: _____ School: _____

Child's Primary Language: _____ Language spoken at home: _____

Home Address: _____

Home Phone: _____ Okay to leave message? □ Yes □ No

Parent/Guardian #1 Name: _____

Email: _____ Cell Phone: _____
Okay to leave message? □ Yes □ No

Parent/Guardian's Occupation: _____

Parent/Guardian's Employer: _____

Parent/Guardian #2 Name: _____

Email: _____ Cell Phone: _____
Okay to leave message? □ Yes □ No

Parent/Guardian's Occupation: _____

Parent/Guardian's Employer: _____

Who referred you? _____

Initial here if you would like us to contact the referral source with feedback following your appointment: _____

Emergency Contact Information:

Name: _____Relationship: _____

Address: _____

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Phone number: _____

Pediatrician: _____

Address: _____

Phone number: _____

Briefly describe the problems/concerns:

1.

2.

3.

Where was your child born (City/State/Hospital Name)?

_____

Developmental Milestones:
(Please note the age the following were achieved. If unsure of the age, check whether it was achieved early, late, or within normal limits.)

Rolled over
Age: _____
□ Early □ Normal □ Late

Sat without support
Age: _____
□ Early □ Normal □ Late

Grasped pencil/crayon
Age: _____
□ Early □ Normal □ Late

Crawled

Tied shoes
Age: _____
□ Early □ Normal □ Late

Pedaled tricycle
Age: _____
□ Early □ Normal □ Late

Rode bike
Age: _____
□ Early □ Normal □ Late

Grasped pencil/crayon

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Age: _____
□ Early □ Normal □ Late

Stood up
Age: _____
□ Early □ Normal □ Late

Walked holding on
Age: _____
□ Early □ Normal □ Late

Walked without holding on
Age: _____
□ Early □ Normal □ Late

Fed self
Age: _____
□ Early □ Normal □ Late

Dressed self
Age: _____
□ Early □ Normal □ Late

Age: _____
□ Early □ Normal □ Late

Swam
Age: _____
□ Early □ Normal □ Late

Babbled
Age: _____
□ Early □ Normal □ Late

Spoke first words
Age: _____
□ Early □ Normal □ Late

Put two words together
Age: _____
□ Early □ Normal □ Late

Spoke in short sentences
Age: _____
□ Early □ Normal □ Late

Language Development:

At what age was your child easily understood by others when he or she spoke? _____

Please check the following items that relate to your child's current reception and expression of verbal communication:

□ Often asks others to repeat what they have said
□ Unable to understand what you are saying
□ Unable to follow one-step directions
□ Unable to follow multi-step directions
□ Unable to remember short messages
□ Unable to respond correctly to yes/no questions
□ Unable to respond correctly to who/what/where/when/why questions
□ Has a hard time expressing his/her ideas
□ Has a hard time asking for help/or making his/her wants and needs known to others
□ Child does not enjoy listening to stories

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Sleep:

What time does your child go to sleep? _____ PM
What time does your child wake up? _____ AM

Please briefly describe your child's nightly sleep routine:

_____

_____

_____

Does your child sleep in his/her own room? □ Yes □ No

If yes, at what age did your child begin to sleep alone? _____

Please check the following items that relate to your child's sleep:
□ Difficulty staying asleep
□ Difficulty falling asleep
□ Frequent wakening
□ Sleep walking
□ Nightmares
□ Enuresis (bed wetting)
□ Encopresis (fecal incontinence)

Describe any past or present concerns/difficulties regarding your child's sleep patterns:

_____

_____

_____

Behavior:
(Please check any of the following items that seem to accurately describe your child's personality or behavior)

□ Shy	□ Immature	□ Well-behaved
□ Stubborn	□ Impulsive	□ Temper-tantrums
□ Cries easily	□ Cries excessively	□ Tells lies
□ Thumb-sucking	□ Head-banging	□ Tics and twitching
□ Always in motion	□ Excessively fidgety	□ Difficulty paying attention

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□ Difficulty with transitions □ Difficulty finishing a task □ Disorganized
□ Forgetful □ Angry □ Easily frustrated
□ Poor self-esteem □ Fears making mistakes □ Harms animals
□ Willing to try new activities □ Attentive □ Destructive/aggressive
□ Fears looking "stupid" □ Moods change quickly □ Cooperative
□ Sees things that are not there □ Hears voices that are not there
□ Impulsive □ Engages in risky behavior □ Lacks judgment
□ Uses drugs □ Drinks alcohol □ Skips school/classes
□ Refuses to go to school □ Difficulty sharing □ Difficulty listening
□ Difficulty understanding jokes □ Self-abusive behavior □ Withdrawn
□ Argumentative □ Poor awareness of time □ Gets lost easily
□ Becomes frightened easily □ Accident-prone
□ Avoids being center of attention □ Steals things
□ Fails to take responsibility for actions
□ Unable to empathize with others □ Blames others
□ Rigid/Inflexible/unwilling to try new activities or new ways of doing things
□ Difficulty staying at one task for a long period of time
□ Distracted while watching television
□ Moods seem connected with the seasons □ Difficulty making or keeping eye contact
□ Difficulty separating from caregiver □ Plays alone for reasonable length of time

Compulsions (describe):

Obsessions (describe):

Fears (describe):

Suicidal ideation or attempt (describe): _____

Homicidal ideation or attempt (describe): _____

Current Medications:

Name: _____ Dose: _____

Reason Prescribed: _____

Name: _____ Dose: _____

Reason Prescribed: _____

Name: _____ Dose: _____

Reason Prescribed: _____

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Other Medical/Behavioral/Mental Health Information:

Please explain if you consulted with any other medical specialists for your child:

_____

_____

_____

Does your child have a diagnosis from a pediatrician, psychologist, psychiatrist, or other professional? □ Yes □ No

If yes, please describe:

_____

_____

_____

Has child received any psychological or psychiatric treatment? □ Yes □ No
If yes, please describe:

_____

_____

_____

Has the child ever experienced any parental separations, divorce, or death? □ Yes □ No
If yes, when?

_____

How old was the child at the time? _____

Describe the circumstances:

_____

_____

_____

Education:

Child attended nursery school □ Yes □ No Child attended Kindergarten □ Yes □ No

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What (if any) problems were reported?

_____

_____

_____

Current School: _____

Teacher's name: _____

School Address: _____

School Phone Number: _____

Current Grade Level: _____ Current GPA/Grades: _____

Describe areas in which child excels at school:

_____

_____

_____

Describe any problems at school:

_____

_____

_____

Is your child in a regular education classroom? □ Yes □ No

Is your child currently in, or has he/she previously had, special ed/placements? □ Yes □ No
(*If your child has an Individualized Education Plan or 504 Plan, please provide copies.*)

If yes, at what age was your child was placed in special education? _____

Please describe any private support/services your child receives:

_____

_____

_____

Has school psychological testing been completed? □ Yes □ No

Please check any of the following problems reported by your child's school or teacher:

□ Reading □ Writing □ Math

□ Behavior □ Social adjustment □ Attention span

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□ Spelling □ Distractibility □ Hyperactivity
□ Following directions □ Getting along with other children
□ Getting along with teachers □ Completing homework

Please describe your child's attitude toward school:

_____

_____

_____

Has your child ever missed an extended amount of school? □ Yes □ No

If yes, please explain:

_____

_____

_____

Family Relations:

Are there any significant marital conflicts? □ Yes □ No
If yes, briefly describe:

_____

_____

_____

Is there conflict between the child and parents? □ Yes □ No
If yes, briefly describe:

_____

_____

_____

Is there conflict between the child and siblings? □ Yes □ No
If yes, briefly describe:

_____

_____

_____

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Who disciplines the child, and how?

_____

_____

_____

Do parents agree on discipline? □ Yes □ No
If no, describe disagreement related to discipline:

_____

_____

_____

Please explain how your child responds to discipline:

_____

_____

_____

Does your child have difficulty getting along with adults? □ Yes □ No
If yes, please describe:

_____

_____

_____

Check the activities in which the child participates with the family:

□ Movies □ Meals □ Conversations
□ Visits with relatives □ Television □ Church
□ Games □ Sports □ Trips
□ Other: _____

Please describe your family's religious/spiritual affiliation (*if applicable*):

_____

_____

_____

Please describe your child's religious/spiritual affiliation, if different than above:

_____

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Social and Emotional Development:

Describe your child's current social skills and peer relationships:

_____

_____

_____

Describe any history of your child being bullied/teased or being aggressive in play with others:

_____

_____

_____

How would you describe your child socially? How does your child interact with peers at school?

_____

_____

_____

Does your child have difficulty keeping friends? Explain.

_____

_____

_____

Does your child have a best friend? Explain.

_____

_____

_____

What special interests does your child have?

_____

_____

_____

Please list your child's favorite hobbies, activities, and games, excluding sports. Please describe how well you feel your child does in these areas:

_____

_____

_____

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_____

_____

_____

Which sports does your child most enjoy playing? How well does he/she do compared to peers?

_____

_____

_____

Please list any additional organizations, clubs, teams, or groups in which your child participates:

_____

_____

_____

How does your child handle stress?

_____

_____

_____

What are your child's strengths?

_____

_____

_____

What are your child's areas for growth?

_____

_____

_____

Is there any other pertinent information that you would like to share?

_____

_____

_____

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Form completed by: _____

Date: _____

Relationship to child: _____

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