

# DEVELOPMENTAL HISTORY

Please Print

Name of Child \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Name of Parent \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Marital Status \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Parent \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Marital Status \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_

## Siblings:

Name DOB Age Education

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Others Living with Family:

Name DOB Age Education

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

How many times has child moved? \_\_\_\_\_

## Pregnancy and Birth:

1. a. During this pregnancy did the mother experience any unusual illness, condition or accident such as German measles, RH incompatibility, false labor, etc.? If so, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

- b. Was the mother taking any drugs during pregnancy? \_\_\_\_\_ If yes, please list:  
\_\_\_\_\_  
\_\_\_\_\_

Name/Client ID: \_\_\_\_\_ Date: \_\_\_\_\_



2. Length of pregnancy: \_\_\_\_\_ Duration of labor: \_\_\_\_\_ Birth Weight: \_\_\_\_\_

Were there any problems with delivery such as breech birth, Caesarian section, etc.? If so, please describe: \_\_\_\_\_

3. Was the pregnancy planned? \_\_\_\_\_

Feeding:

Were there any feeding problems? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Developmental:

At what age did the following occur:

Age of walking \_\_\_\_\_ Age of talking \_\_\_\_\_

Age of toilet training \_\_\_\_\_ Dressed and undressed self \_\_\_\_\_

Describe infant's temperament: \_\_\_\_\_

Did the child have difficulty with strangers or separating from parents? \_\_\_\_\_

Were there any developmental problems or concerns? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Medical History:

Describe accidents or operations the child has had: \_\_\_\_\_

Describe any hospitalizations: \_\_\_\_\_

Were there any medical problems other than normal childhood illnesses? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Were any of these illnesses followed by noticeable changes in the child's general behavior or in his/her speech?

If so, please describe: \_\_\_\_\_

Name/Client

ID: \_\_\_\_\_

Date: \_\_\_\_\_

Patient Name \_\_\_\_\_

Have the child's eyes been examined? \_\_\_\_\_ Results: \_\_\_\_\_

Have the child's ears been examined? \_\_\_\_\_ Results: \_\_\_\_\_

Is the child under the care of a doctor? \_\_\_\_\_ Does he/she presently take medication? \_\_\_\_\_

Names of medications and dosages: \_\_\_\_\_

How long has the child taken the medications? \_\_\_\_\_

What was child's reaction? \_\_\_\_\_

Child's physician: \_\_\_\_\_ Address: \_\_\_\_\_

Has the child had any psychological testing? \_\_\_\_\_ When and where? \_\_\_\_\_

For what reason? \_\_\_\_\_

Has the child had a neurological examination? \_\_\_\_\_ When and where? \_\_\_\_\_

For what reason? \_\_\_\_\_

Education History:

Did the child attend Nursery School? \_\_\_\_\_ Kindergarten? \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

What are his/her usual grades in the following subjects?

Math: \_\_\_\_\_ Reading: \_\_\_\_\_ Spelling: \_\_\_\_\_

Grades Failed? \_\_\_\_\_ Grades Skipped? \_\_\_\_\_

Is the child frequently absent from school? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does the child have an Individual Education Plan, or is s/he coded? \_\_\_\_\_

Daily Behavior:

Does the child have nightmares?

Does s/he have fears?

Name/Client

ID: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name \_\_\_\_\_

Does the child sleep well? \_\_\_\_\_ Eat well? \_\_\_\_\_

Does he/she tend to play alone or with other children? \_\_\_\_\_

How does s/he get along with adults? \_\_\_\_\_

Is it difficult to discipline the child? \_\_\_\_\_ (Explain as fully as possible) \_\_\_\_\_

Does the parent(s) describe the child as basically happy or unhappy? \_\_\_\_\_

Does the child have difficulty in concentration? \_\_\_\_\_

What are his/her favorite play activities? \_\_\_\_\_

Additional comments on behavior: \_\_\_\_\_

Describe relationship with mother, father, and siblings: \_\_\_\_\_

Name/Client  
ID: \_\_\_\_\_

Date: \_\_\_\_\_