

DEVELOPMENTAL HISTORY

Name of child: _____ Age: _____ Child's date of birth _____ Grade: _____

Address: _____

Phone numbers: _____

Parents' names: _____

Parents' type(s) of work: _____

Siblings or others living in home: _____

Languages spoken in the home: _____

Emergency Contact: _____

Pediatrician/Family Physician: _____

By whom were you referred? _____

Presenting problem(s):

Other issues/concerns:

Goals of this consultation:

What are child's strengths?

Family constellation and quality of relationships

Adult Significant relationship (of parents):

Length

Stability

Previous significant relationships of parents

Other children: ages?

Personality style of each

Relationship between child in question and his/her siblings

Disciplinary practices and their effectiveness

Customary family activities

Family religious affiliation, if any

Extended family: Where do they live? How frequently seen?

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1. Mother's health during pregnancy
 - a. Age when child was born?
 - b. Medication/alcohol/caffeine?
 - c. Medical Care?
 - d. Any medical problems during pregnancy?
2. Delivery
 - a. Gestational age (# of weeks of pregnancy at which child was born)
 - b. Duration of labor
 - c. Medications during labor
 - d. Fetal distress? APGAR scores at one minute? _____ at five minutes? _____

- d. Baby's presentation (normal, use of forceps, vacuum)
- e. Baby's birth weight
- 3. Baby's health
 - a. Complications following birth
 - b. Feeding problems?
 - Breast or bottle fed? How long?
 - c. Colic
 - d. Responsiveness
 - e. Health problems in infancy
 - f. Easy or difficult baby (schedule/crying)
 - g. Degree of sociability
 - h. Activity level
 - i. Preferred toys and play things
- 4. Milestones-age at which your child:
 - a. Smiled
 - b. Sat without support
 - c. Crawled
 - d. Walked
 - e. Spoke first words (other than mama or dada)
 - f. Spoke phrases
 - g. Spoke sentences
 - h. Was toilet trained--bladder: bowel:
 - Bedwetting? Daytime toileting accidents?
 - i. Pedaled a tricycle
 - j. Buttoned clothes
 - k. Named colors
- 5. Health
 - a. Overall
 - b. Hearing

- c. Vision
- d. Fine and gross motor coordination
- e. Childhood illnesses
- f. Frequency/intensity of ear infections
- g. Allergies? Asthma?
- h. High fever/seizures/loss of consciousness
- i. Accidents (stitches/broken bone/poisoning/head injury)
- j. Surgeries
- k. Alcohol or drug use
- l. Sleeping problems: Snoring? Falling asleep trouble? Night terrors? Nightmares?
- m. Appetite control problems/Picky eater
- n. medications (past and present)
- o. Signs of puberty? Girls: Age beginning menses?
- p. Handedness (left, right or ambidexterous) of child? At what age did it emerge?
 siblings? father? mother?
 Father's parents and siblings? Mother's parents and siblings?

With which foot would your child kick?

With which eye would (s)he look through a telescope?

7. Family medical history

8. Child's school history (where (s)he went plus academic/social/behavioral performance)

- a. Preschool
- b. Elementary school
- c. Junior high school
- d. High school
- e. Grades achieved
- f. Tutors or special education

9. Parents' educational achievements

Biological Mother:

Biological Father:

10. Psychiatric history of child:

- a. Psychotherapy
- b. Hospitalizations
- c. Behavior problems
- d. Traumas or major events in your child's life

11. Family history-any close relatives of your child have:

- a. Aggression problems
- b. Attention problems
- c. Learning disabilities
- d. Intellectual disability
- e. Autism
- f. Psychosis
- g. Arrests
- h. Physical/sexual abuse
- i. Substance abuse
- j. Tics
- k. Depression/Mania
- l. Anxiety/Obsessive Compulsive Disorder

13. Supplemental information

At what level does your child read? Speak?

What are your child's preferred toys and activities? Are there any (s)he avoids?

Does (s)he participate in sports? Which one(s)? How proficient is (s)he?

How does your child prefer to spend his/her days?

Is your child clumsy? Accident prone?

Does/did (s)he avoid tactile sensations (mud, clothing labels, woolen clothes)/dislike or enjoy swings and rides?

Does your child focus on/talk about any particular subjects excessively?

When was his/her last vision test? Who administered it?

Can he/she rhyme?

How is (s)he in conversation? Can (s)he take turns?

Do you notice anything peculiar in the melody of speech? Does tone match content?

How is math? Columns in addition/subtraction? Handwriting? Page organization?

How is (s)he at novel (new) tasks vs. rote (familiar and repetitive) tasks?

How is his/her social life? Get along with same-age peers? Is (s)he a leader or follower?

Additional Comments/Observations: