

CHILD DEVELOPMENTAL HISTORY

Date:

Name of Child:

Date of Birth:

Age:

Name of Person Completing This Form:

Relationship to Child:

PRESENTING PROBLEM

Describe the problems your child is having and when they started:

PREGNANCY AND BIRTH HISTORY

Was the pregnancy planned? Yes No **Full Term?** Yes No

How did the mother feel about this pregnancy?

How did the father feel about this pregnancy?

Were any alcohol, drugs or medications used during pregnancy? Yes No

If yes, please describe –

Were there any problems with the pregnancy? Yes No

Were there any problems with the birth? Yes No

Patient Name _____

DEVELOPMENT

**Was the baby breast fed, bottle fed or both?
Who was the primary caretaker for the child?**

Estimate when your child first:

Smiled	_____	Sat Up on Own	_____	Said First Word	_____
Crawled	_____	Stood	_____	Said Phrases	_____
Walked	_____	Ran	_____	Dressed Self	_____
Fed Self	_____	Toilet Trained	_____		

Were there any illnesses, behavioral difficulties or discipline problems during early childhood?

Did your child have temper tantrums? ____Yes ____No Briefly Describe -

What discipline techniques were used? Did the parents use consistent discipline?

EDUCATION

What grade is your child in?

Has he/she ever repeated or skipped a grade? If yes, which one?

What is his/her attendance like at school?

Has he/she had any discipline problems at school? Has he/she ever been suspended or expelled?

What are his/her grades like? Has his/her grades changed recently?

Does he/she have any learning disabilities or attend special education classes?

Patient Name _____

MEDICAL HISTORY

List all allergies, childhood illnesses (including chronic illnesses and infectious diseases), accidents, injuries, hospitalizations and surgeries –

List all prescription and over-the-counter medications your child takes for any medical reason (include any vitamins and herbal supplements) –

List any family history of physical illnesses –

Are immunizations up to date?

TREATMENT HISTORY

Has your child been in counseling before? If yes, please list who they saw, when they were seen, how long counseling lasted and the outcome –

List any medications your child currently takes for emotional or behavioral problems?

List any medications your child has taken in the past for emotional or behavioral problems?

Is there any history of mental illness in your family? If yes, please explain –

SOCIAL HISTORY

Does your child make friends easily?

How does your child get along with others?

Have there been any losses, changes or transitions in your child's life?

Does the family have any spiritual, cultural or religious beliefs that influence the child?

What hobbies does your child have?

What are your child's strengths?

What are your child's weaknesses?

FAMILY HISTORY

Please list all members of the household, their ages and their relationship to your child –

Are there any traditions/events that are important to your child?

Is there any additional information you feel would be helpful to the treatment of your child?

Therapist Name

Date