

CHILD/ADOLESCENT DEVELOPMENTAL HISTORY

Patient Name: _____

Today's Date: / /

Date of Birth / / **Age:**

Sex: **Male** **Female**

What was your child's birth weight?
 lbs. **oz.** **Unknown**

Was delivery normal?
Yes Unknown
No; specify

Did the birth mother experience any physical or emotional problems during pregnancy?
Yes; specify

No Unknown

Were medications taken during pregnancy?
Yes; specify
No Unknown

Did the birth mother consume alcoholic beverages or abuse and street drugs during pregnancy?
Yes; specify
No Unknown

Did the baby experience any problems immediately after birth?
Yes; specify

No Unknown

Has your child ever required hospitalization?
Yes; specify

No Unknown

Is there any history of physical, sexual, or emotional abuse?
Yes; specify

No Unknown

Is there a history of prolonged separations or traumatic events?
Yes; specify

No Unknown

At what age did your child do the following?
(*Italicized areas reflect normal development*)
smile (6 mnths)
sat alone (6-10 mnths)
talked in sentences (30-36 mnths)
walked by self (12 mnths)
held head up (3-4 mnths)
fed self (2yrs)
crawled (6-10 mnths)
rode a bike (6 yrs)
rolled over (6 mnths)
talked in single words (18-24 mnths)
pulled up (6-10 mnths)
established toilet training (2½-4yrs)

How would you describe your child's approach to new situations?
Positive, jumps right in
Withdrawn, tends not to participate
Slow to warm up, cautious

How would you generally describe your child's overall mood?
Positive (happy, laughing, upbeat hopeful)
Negative (depressed, cranky, angry, hostile)
Mixed but more positive than negative
Mixed but more negative than positive

Which school is your child currently attending?

Is your child currently receiving special services in school?
Yes; specify

No

Has your child ever failed a class or been held back for academic reasons?
Yes; specify grade
No

Is your child expected to pass this school year?
Yes
No