

CHILDHOOD DEVELOPMENTAL HISTORY

Person Completing Form _____ Relationship to Child _____ Date _____

Child's Name _____ Birthdate _____ Age _____

Home Address _____

(Street) (City/Town) (State) (Zip code)

Telephone _____ (cell) _____ (home)

Adults living with Child (Name and relation) _____

Siblings (name and age) _____

PARENTS

Father _____ Occupation _____
Telephone _____

Mother _____ Occupation _____
Telephone _____

Pregnancy Complications (Please describe)

INFANCY:

Difficult to calm or comfort _____ Colicky _____ Excessively irritable _____ Head Banging _____
Difficulty nursing _____ Disturbed sleep patterns (describe) _____
Other: _____

MEDICAL HISTORY:

Childhood Diseases (describe ages and complications) _____

Hospitalizations _____

Head Injury _____ Eye problems (specify) _____

Ear problems (specify) _____ Allergies (specify) _____ Asthma _____

Eating Problems _____

Sleep Disorders _____

Other Problems _____

MENTAL HEALTH HISTORY

Describe any past history of severe social, emotional or behavioral problems _____

Describe any significant history of physical or emotional trauma _____

List previously seen mental health providers and addresses if available _____

PRESENT MEDICAL STATUS

Present illnesses for which the child is being treated _____
Prescription Medication _____

Name of Primary Care or other treating physicians _____

DEVELOPMENTAL MILESTONES

Where all developmental milestones reached within normal range?

Yes _____

No _____ Please describe _____

SCHOOL EXPERIENCE

Child's School _____

Grade _____ Special School Placement or Services (if any) _____

Has your child ever been evaluated for a 504 Plan or Special Education? _____ If so, for what reason _____

BEHAVIOR CHECKLIST

Please check all of the following that apply to your child:

Is moody	Has a bad temper	Cries easily
Is a worrier	Has bad dreams	Is often sad
Is often quiet	Is fearful of new situations	Is fearful of being alone
Is often tired	Stutters or stammers	Frequent stomach aches
Frequent headaches	Wets bed or pants often	Soils or has bowel accidents
Frequent diarrhea	Frequent constipation	Overeats
Bites nails	Is slow to trust	Demands to be the center of attention
Fights with siblings	Excessively neat or orderly	Too concerned about germs or cleanliness
Tells lies	Steals	Plays with fire
Bullies other children	Is fresh or rude to adults	Is mean
Destroys own property	Destroys others property	Deliberately provokes adults
Frequently in trouble with neighbors	Is cruel to animals	Is a loner
Has no real friends	Has mostly younger friends	Has mostly older friends
Is bossed by other children	Prefers to play alone	Gets picked on
Is not liked by other children	Difficulty sustaining attention	Makes careless mistakes
Often does not seem to listen	Fails to finish things	Difficulty organizing activities
Avoids sustained mental effort	Often loses things	Easily distracted
Forgetful in daily activities	Often fidgets	Often out of his/her seat in the classroom
Is hyperactive	Difficulty playing quietly	Talks excessively
Blurts out answers before questions are completed	Difficulty waiting turn	Often interrupts or intrudes
IF YOUR CHILD IS 12 YEARS OR OLDER		
Is sexually active	Appears confused about gender	Displays interest in the same sex
Behavior is rigid and repetitive	Is troubled by obsessive thoughts	Has many health complaints
Experiences times of extreme fear or panic	Uses alcohol	Uses illegal drugs
Inhales household chemicals		