Thank you for carefully answering each question!

Patient: Black Ink,
Doctor: Red ink

CHILDHOOD DEVELOPMENTAL HISTORY

Name:_____ **Date:**_____

What is the main problem that led to the child being brought here?

- ☐ Child had no problems
- ☐ Depression
- ☐ Anxiety
- ☐ Suicidal Thoughts
- ☐ Suicidal Actions
- ☐ Problems thinking clearly
- ☐ Arguments with Parents
- ☐ Adjustment to Parents Divorce
- ☐ Academic Problems
- ☐ Behavior Problems in School
- ☐ Refusal to go to School
- ☐ Behavior Problems at Home
- ☐ Health Problems
- ☐ Physical Abuse
- ☐ Sexual Abuse
- ☐ Neglect by Parents
- ☐ Bed-Wetting
- ☐ Stealing
- ☐ Fears
- ☐ Other: _____

How severe is this problem?

☐ Does not apply ☐ Mild ☐ Moderate ☐ Severe

How long has the child had this problem?

- ☐ Does not apply
- ☐ For the past several days
- ☐ For the past year
- ☐ For the past several years
- ☐ For the past several years
- ☐ For past several months
- ☐ For the past two years
- ☐ Other: _____

Which of the following has this problem affected?

- ☐ Does not apply
- ☐ None
- ☐ The child's academia performance
- ☐ The child's relationship with peers
- ☐ The child's relationships with family members
- ☐ The child's physical health
- ☐ The child's emotional health
- ☐ The child's behavior
- ☐ Other: _____

What is the child's status in school?

- ☐ Has not started school
- ☐ Full-time, regular classes
- ☐ Full-time, special education classes
- ☐ Part-time, regular classes
- ☐ Part-time, special education classes
- ☐ Suspended from school
- ☐ Expelled from school
- ☐ Being Tutored at Home
- ☐ Other: _____

What grade is the child in now (or when school starts again in the fall)?

☐ Not in school, will not be in school ☐ Preschool ☐ Kindergarten ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Fifth ☐ Sixth ☐ Seventh ☐ Other: _____

Who does the child live with?

- ☐ Natural parents
- ☐ Natural Mother
- ☐ Natural Father
- ☐ Natural Mother and Stepfather
- ☐ Natural Father and Stepmother
- ☐ Shared living arrangements with both parents (divorce)
- ☐ Relatives
- ☐ Friends
- ☐ Adoptive Parents
- ☐ Foster parents
- ☐ Lives in an orphanage
- ☐ Lives in an agency
- ☐ Other_____

Where does the child live?

- ☐ House
- ☐ Apartment
- ☐ Trailer
- ☐ Condo
- ☐ Boarding School
- ☐ Agency housing
- ☐ Institution
- ☐ Other _____

How many children are in the child's family including the child?

☐ Only child ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ More than 10

How old was the child's natural father at the time of the child's birth?

☐ Do not know ☐ 15-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50 or older

Doctor's Notes:_____

_____

_____

_____

Doctor's Initials:_____

Thank you for carefully answering each question!

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How old was the child's natural mother at the time of the child's birth?

☐ Do not know ☐ 15-19 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50 or older

Was the pregnancy planned?

☐ Do not know ☐ Yes ☐ No

What was the mother's attitude while pregnant with the child?

☐ Do not know ☐ Ambivalent ☐ Angry ☐ Worried ☐ Moody
☐ Accepting ☐ Happy ☐ Depressed ☐ Fearful ☐ Other:_____

What level of stress would you say the mother experienced during her pregnancy?

☐ Do not know ☐ Mild ☐ Moderate ☐ Severe

Did the mother have any illnesses during her pregnancy?

☐ No ☐ Yes. Explain:_____

What was the child's physical condition immediately after birth?

☐ Do not know ☐ Problems with heart ☐ Jaundice ☐ Other: _____
☐ Normal, no unusual problems ☐ Problems with bones ☐ Had blood transfusion _____
☐ Low birth weight ☐ Had seizures _____
☐ Injured at birth ☐ Problems with digestion ☐ Fever Place in intensive care
☐ Difficult breathing ☐ Infection ☐ Placed in incubator

Did the child receive all required vaccinations ("shots")?

☐ No Vaccinations ☐ All required shots ☐ Only some selected vaccinations. Explain:_____

Approximately how much did the child weigh when born?

☐ Do not know ☐ 1 pound ☐ 2 pounds ☐ 3 pounds ☐ 4 pounds ☐ 5 pounds ☐ 6 pounds
☐ 7 pounds ☐ 8 pounds ☐ 9 pounds ☐ 10 pounds ☐ 10 + pounds

How many days did the child spend in the hospital after birth?

☐ Do not know ☐ More than 5 days ☐ More than 20 days
☐ 5 days or less ☐ More than 10 days ☐ More than 30 days

Who was the child's primary caretaker before age 2?

☐ Natural Parents ☐ Adoptive Parents ☐ Natural Father and Stepmother ☐ Grandmother ☐ Orphanage
☐ Natural Mother ☐ Grandfather ☐ Agency
☐ Natural Father ☐ Natural Mother and Stepfather ☐ Grandparents ☐ Foster Parents ☐ Other:_____

How was the child fed before age 2?

☐ Do not know ☐ Bottle ☐ Breast ☐ Bottle and Breast

Describe the child's temperament before age 2?

☐ Do not know ☐ Withdrawn ☐ Affectionate ☐ Hypersensitive ☐ Fearful ☐ Other:_____
☐ Calm ☐ Happy ☐ Crying ☐ Angry ☐ Cranky _____
☐ Active ☐ Unhappy ☐ Difficult ☐ Regular ☐ Curious _____
☐ Sociable ☐ Sleepy ☐ Irritable ☐ Irregular ☐ Playful _____

Doctor's Notes:_____

_____

_____

_____

Doctor's Initials:_____

Thank you for carefully answering each question!

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Doctor: Red ink

When did the child develop the ability to sit?

☐ Do not know ☐ 6months ☐ 1 to 1 ½ years ☐ Other:_____
☐ Before 6 months ☐ 6 months to 1 year ☐ 1 ½ to 2 years

When did the child develop the ability to crawl?

☐ Do not know ☐ 6 months ☐ 1 to 1 ½ years ☐ Other:_____
☐ Before 6 months ☐ 6 months to 1 year ☐ 1 ½ to 2 years

When did the child learn to walk?

☐ Do not know ☐ Before 1 year ☐ 1 to 1 ½ years ☐ 1 ½ to 2 years ☐ After 2 years ☐ Other: _____

When did the child learn to talk?

☐ Do not know ☐ Before 1 year ☐ 1 to 1 ½ years ☐ 1 ½ to 2 years ☐ After 2 years ☐ Other: _____

When did toilet training begin?

☐ Do not know ☐ 2 years 2 ½ years ☐ After 4 years
☐ Before 1 year ☐ 3 years 3 ½ years ☐ Other:_____
☐ 1 year 1 ½ years ☐ 4 years

Were there problems in toilet training?

☐ No ☐ Mild ☐ Moderate ☐ Severe problems ☐ Do not know

Has the child suffered any major illnesses or conditions?

☐ Asthma	☐ Ear infections	☐ Tonsil infections	☐ Scabies	☐ Insect bites
☐ Allergies	☐ Fetal alcohol syndrome	☐ Hernias	☐ Hip dysplasia	☐ Measles, Mumps,
☐ Eczema, psoriasis, seborrhea, dermatitis	☐ Heart/Vascular disorders	☐ Chicken pox	☐ Jaundice	☐ Scoliosis
	☐ Kidney disorders	☐ Hypothyroid	☐ Colic	☐ Rickets
☐ Hives (urticaria)	☐ Tumors/cancer	☐ Hydrocephalus	☐ Strabismus	☐ Other:_____
☐ Muscular dystrophy	☐ Cerebral Palsy	☐ Tetanus	☐ Diphtheria	

Has the child suffered any physical traumas (falls, car accidents, sports injuries, etc)?

☐ No ☐ Yes. Explain:_____

Who was the child's primary caretaker from ages 2-5?

☐ Natural Parents	☐ Natural Father and Stepmother	☐ Agency
☐ Natural Mother Natural Father	☐ Grandparents	☐ Other:_____
☐ Adoptive Parents	☐ Grandmother Grandfather Foster Parents	_____
☐ Natural Mother and Stepfather	☐ Orphanage	

Describe the child's motor development (running, jumping, throwing, etc) from ages 2-5.

☐ Do not know ☐ Average in comparison to other children ☐ Other: _____
☐ Advanced in comparison to other children ☐ Slow in comparison to other children _____

Describe the child's language development (talking in sentences, vocabulary, etc) from ages 2-5.

☐ Do not know ☐ Average in comparison to other children ☐ Other:_____
☐ Advanced in comparison to other children Slow in comparison to other children _____

Doctor's Notes:_____

_____

_____

_____

Doctor's Initials:_____

Thank you for carefully answering each question!

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Describe the child's social development (development of friendships, relationships with peers, relationships with adults, etc.) from ages 2 – 5.

☐ Do not know ☐ Average in comparison to other children ☐ Slow in comparison to other children
☐ Advanced in comparison to other children ☐ Other: _____

Describe the child's mental development (counting, knowledge of alphabet, doing puzzles, understanding concepts, etc.) from ages 2 – 5.

☐ Do not know ☐ Average in comparison to other children ☐ Slow in comparison to other children
☐ Advanced in comparison to other children ☐ Other: _____

Describe the child's temperament from ages 2 – 5.

☐ Do not know ☐ Withdrawn ☐ Sleepy ☐ Irritable ☐ Irregular ☐ Playful
☐ Calm ☐ Happy ☐ Affectionate ☐ Hypersensitive ☐ Fearful ☐ Other: _____
☐ Active ☐ Unhappy ☐ Crying ☐ Angry ☐ Cranky _____
☐ Sociable ☐ Alert ☐ Difficult ☐ Regular ☐ Curious

Describe the child's current subject strengths in school.

☐ Does not apply ☐ Art ☐ Reading ☐ Math ☐ Spelling ☐ Science
☐ None ☐ History ☐ Social Studies ☐ Other: _____

Describe the child's current subject weaknesses in school.

☐ Does not apply ☐ Art ☐ Reading ☐ Math ☐ Spelling ☐ English
☐ None ☐ History ☐ Social Studies ☐ Other: _____

Describe the child's current skill strengths in school.

☐ Does not apply ☐ Handwriting ☐ Understanding concepts ☐ Reading comprehension
☐ None ☐ Memorizing ☐ Pleasing the teacher ☐ Spelling
☐ Concentration ☐ Playing attention in class ☐ Behaving correctly ☐ Working hard
☐ Organization ☐ Getting assignments done on time ☐ Taking tests ☐ Intelligence
☐ Test preparation ☐ Being careful and checking work ☐ Reading speed ☐ Other: _____
☐ Paper and Reports ☐ Vocabulary and expression _____

Does the child currently have problems with attention and concentration in the classroom?

☐ Does not apply ☐ Not getting assignments done ☐ Forgets teacher's instructions ☐ Difficulty being quiet
☐ No ☐ Material disorganized or messy ☐ Acts without deliberation ☐ Other: _____
☐ Daydreaming ☐ Difficulty sitting still

Describe the child's current skill weaknesses in school.

☐ Does not apply ☐ Memorizing ☐ Vocabulary and expression ☐ Reading speed
☐ None ☐ Playing attention in class ☐ Reading comprehension
☐ Concentration ☐ Getting assignments done on time ☐ Understanding concepts ☐ Spelling
☐ Organization ☐ Pleasing the teacher ☐ Working hard
☐ Test preparation ☐ Being careful and checking work ☐ Behaving correctly ☐ Intelligence
☐ Paper and Reports ☐ Taking tests ☐ Other: _____

Does the child currently have behavior problems in the classroom?

☐ Does not apply ☐ Required to sit in an isolated area ☐ Has been sent to the principal's office ☐ Can't wait until turn
☐ No ☐ Other: _____
☐ Required to sit near teacher ☐ Often reprimanded ☐ Talks out of turn _____

Doctor's Notes: _____

_____

_____

_____

Doctor's Initials: _____

Thank you for carefully answering each question!

Patient: Black Ink,
Doctor: Red ink

How is the child described by current teacher(s)?

☐ Does not apply ☐ Distractible ☐ Has problem maintaining attention ☐ Interrupts
☐ None of the following ☐ Doesn't wait turn in games ☐ Switches from one unfinished task to another ☐ Doesn't listen
☐ Fidgety ☐ Answers questions before completed ☐ Has problem playing quietly ☐ Frequently loses objects
☐ Has problem remaining seated ☐ Fails to finish assignments ☐ Talks excessively ☐ Fails to consider safety
☐ Other:_____

Which of the following are true?

☐ Do not know ☐ Child has had regular medical checkups ☐ Child has had regular vision tests ☐ Child has had regular dental checkups
☐ None ☐ Child has had regular hearing tests

Which of the following are true?

☐ None ☐ Child wears a hearing aid ☐ Child wears orthopedic/corrective shoes ☐ Child uses crutches for walking
☐ Child wears glasses ☐ Child wears an orthopedic brace ☐ Other: _____

What problems does the child have with sleep?

☐ None Trouble getting to sleep ☐ Restlessness in bed ☐ Falling asleep in school ☐ Sleepwalking
☐ Waking up a lot at night ☐ Waking up too early in the morning ☐ Refusing to go to bed at night ☐ Nightmares or Night Tremors
☐ Not getting enough sleep ☐ Sleeping enough, but still tired ☐ Refusing to get up in the morning ☐ Other:_____
☐ Sleeping too much

What problems does the child have with eating?

☐ None ☐ Eating too many snacks ☐ Has a poor appetite ☐ Other: _____
☐ Refuse to eat balanced diet ☐ Finicky about food ☐ Overeats

Does the child have problems with wetting or soiling?

☐ No ☐ Frequently wets bed ☐ Occasionally wets pants ☐ Occasionally soils pants
☐ Occasionally wets bed ☐ Frequently soils bed ☐ Frequently wets pants ☐ Other: _____

What kinds of discipline do the child's parents (or caretakers) use?

☐ Does not apply ☐ None ☐ Lectures ☐ Punishment ☐ Loss of allowance
☐ Do not know ☐ Yelling ☐ Physical ☐ Grounding ☐ Withdrawal of privileges

How strict are the child's parents (or caretakers)?

☐ Does not apply ☐ Very strict ☐ Average ☐ Very permissive
☐ Do not know ☐ Strict ☐ Permissive

Has the child ever been abused by a current or previous member of the household?

☐ Does not apply ☐ No ☐ Yes, emotionally ☐ Yes, sexually
☐ Do not know ☐ Yes, physically ☐ Yes, verbally ☐ Yes, neglected

Which of the following describes the child now?

☐ Has many close friends ☐ Has several close friends ☐ Has few close friends ☐ Has no close friend

Any comments or other concerns you wish to express?

Doctor's Initials:_____