

Child Developmental History Record

A. Identification

1. Child's name: _____ Birthdate: _____ Age: _____

Person(s) completing this form: _____ Today's date: _____

2. Mother's name: _____ Birthdate: _____ Home phone: _____
 Address: _____

Currently employed: No Yes, as: _____ Work phone: _____

3. Father's name: _____ Birthdate: _____ Home phone: _____
 Address: _____

Currently employed: No Yes, as: _____ Work phone: _____

4. Parents are currently Married Divorced Remarried Never married Other: _____

Is there a custody agreement or custody order? No Yes

If yes, who has legal custody of the child? _____

Please bring a copy of the custody order to your first appointment. All legal custodians must consent to the child's treatment.

Who has physical custody of the child? _____

5. Stepparent's name: _____ Birthdate: _____ Home phone: _____
 Address: _____

Currently employed: No Yes, as: _____ Work phone: _____

6. Other adult family members?

B. Development

Please fill in any information you have on the areas listed below.

1. Pregnancy and delivery

Prenatal medical illnesses and health care:

Was the child premature? No Yes Weight and height at birth: _____ pounds _____ inches

Child Developmental History Record

Any birth complications or problems?

2. The first few months of life

Breastfed? _____ If so, for how long? _____

Any allergies?

Sleep patterns or problems:

Personality:

3. Milestones: At what age did this child do each of these?

Sat without support: _____ Crawled: _____ Walked without holding on: _____

Helped when being dressed: _____ Tied shoelaces: _____ Buttoned buttons: _____

Ate with a fork: _____

Stayed dry all day: _____ Didn't soil his or her pants: _____ Stayed dry all night: _____

4. Speech/language development

Age when child said first word understandable to a stranger: _____

Age when child said first sentence understandable to a stranger: _____

Any speech, hearing, or language difficulties?

C. Health

List all childhood illnesses, hospitalizations, medications, allergies, head injuries, important accidents and injuries, surgeries, periods of loss of consciousness, convulsions/seizures, and other medical conditions.

Condition	Age	Treated by whom?	Consequences?

Child Developmental History Record

D. Residences

1. Homes

Dates: From-To	Location	With whom	Reason for moving	Any problems?

2. Residential placements, institutional placements, or foster care

Dates: From-To	Program name or location	Reason for placement	Problems?

Child Developmental History Record

E. Schools

School (name, district, address, phone)	Grade	Age	Teacher

May I call and discuss your child with the current teacher? Yes No

F. Special skills or talents of child

List hobbies, sports; recreational, musical, TV, and toy preferences; etc.:

G. Other

Is there anything else I should know that doesn't appear on this or other forms, but that is or might be important?

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.