

DEVELOPMENTAL HISTORY

To be completed by all children under the age of eighteen (18).

Name of Child: _____ DOB _____
Informant _____ Relationship to Pt. _____

Mothers health during pregnancy: _____
Good _____ Fair _____ Poor _____

Any illness/complications during pregnancy?(Ex:R.H.,toximia,diabetes) _____

Any Substance abuse before or during pregnancy?(Specify) _____

Delivery:

Length of Pregnancy _____ months Labor _____ hours

Type of delivery: Vaginal: _____ Caesarean: _____ Birth WT _____

Complications if any: _____

Early Development:

Walked: _____ age Difficulties? _____

First words spoken _____ (age) Difficulties? _____

Sentence formulated: _____ (age) Difficulties? _____

Toilet trained: _____ (age) Difficulties? _____

Any unusual childhood illnesses? _____

Child raised by parents? _____ yes _____ no, specify _____

Any child care arrangements? EX: babysitter, day care? _____

Any child care difficulties? _____

Any long separation from the primary care giver? _____

Any social/behavioral problems? (specify) _____

Describe child's temperament? _____

Later Development:

Any family complications? _____

Any school difficulties? _____

Any peer problems? _____

Any physical illnesses/injuries? _____

Any substance abuse? _____