

Developmental and Medical History

Client or Patient Name _____ Date: _____

Person Completing this Form _____ Relationship _____

Pregnancy and Delivery

Did any of the following conditions occur during pregnancy or delivery?

Serious injury or illness	Yes/ No
Took prescription medication	Yes/ No
Took illegal drugs	Yes/ No
Used alcoholic beverages	Yes/ No
Smoked cigarettes	Yes/ No
C-section	Yes/ No
Forceps used during delivery	Yes/ No
Other problems:	

Did any of the following conditions affect your child *during delivery or within the first five days after birth?*

Injured during delivery	Yes/ No
Heart/ breathing distress	Yes/ No
Delivered with cord around neck	Yes/ No
Trouble breathing after delivery	Yes/ No
Needed oxygen	Yes/ No
Was cyanotic, turned blue	Yes/ No
Was jaundiced, turned yellow	Yes/ No
Had infections	Yes/ No
Had seizures	Yes/ No
Was given medications	Yes/ No
Born with a congenital defect	Yes/ No
Hospitalized > 7 days	Yes/ No

Infant Health and Temperament

During the first 12 months, was your child

Difficult to feed	Yes/ No
Difficult to get to sleep	Yes/ No
Colicky	Yes/ No
Difficult to put on a schedule	Yes/ No
Alert	Yes/ No
Cheerful	Yes/ No
Affectionate	Yes/ No
Sociable	Yes/ No
Easy to comfort	Yes/ No

During the first 12 months, was your child

Difficult to keep busy	Yes/ No
Overactive, in constant motion	Yes/ No
Very stubborn,	Yes/ No

Early Developmental Milestones

Sitting without help	Normal / Fast / Slow / Don't Know
Crawling	Normal / Fast / Slow / Don't Know
Walking alone, without help	Normal / Fast / Slow / Don't Know
Using single words (mama, dada)	Normal / Fast / Slow / Don't Know
Putting 2 or more words together	Normal / Fast / Slow / Don't Know
Bowel training, day and night	Normal / Slow / Not yet
Bladder training, day and night	Normal / Slow / Not yet

At any time, has your child had the following?

Comments

	Never	Past	Now
Surgery			
Hospitalization			
Appetite Problems			
Weight loss or gain			
Sleep Problems			
Nightmares			
Sleepwalking or talking			
Wetting or soiling problems			
Exposure to lead			
Broken bones			
Severe cuts requiring stitches			
Head injury with loss of consciousness			
Epilepsy or seizure disorder			
Meningitis / Brain infection			
Clumsiness			
Sensitivity to loud or sudden noises			
Alcohol Use			

	Never	Past	Now
Drug Abuse			
Cigarette smoking			
Food sensitivities or allergies			
Other medical conditions			

Family History

Many times, medical and emotional issues “run in the family.” Knowing this can make a difference in what may be helpful to your child. “The family” includes Mom, Dad, Brothers, Sisters, Aunts, Uncles, and Grandparents. Please circle any in the family.

ADD/ ADHD	Depression/ Bipolar	Child Abuse	Diabetes/ Thyroid Disease
Repeating grades	Suicide attempts	Incest	Heart Disease
Intellectual disability	Nervous breakdown	Eating disorder	Death < 50 y/o
Arrests/ Prison	Alcohol/ Drug Abuse	Obsessive Compulsive	Irregular Heart Beat
Did not graduate high school	Schizophrenia	Too much worry	Adopted

Please complete the following for your child's family:

Biologic Father's Family

First Name

Age (if deceased, give age & year of death)

His Father

His Mother

Older Brother / Sister

Older Brother / Sister

Older Brother / Sister

Younger Brother / Sister

Younger Brother / Sister

Younger Brother / Sister

Family History (continued)

Biologic Mother's Family

	First Name	Age (if deceased, give age & year of death)
Her Father		
Her Mother		
Older Brother / Sister		
Older Brother / Sister		
Older Brother / Sister		
Younger Brother / Sister		
Younger Brother / Sister		
Younger Brother / Sister		

Patient's Brothers and Sisters

- Older Brother / Sister
- Older Brother / Sister
- Older Brother / Sister
- Younger Brother / Sister
- Younger Brother / Sister
- Younger Brother / Sister

If your child was adopted, please list at what age and any information you may know about his/ her biologic family.

THE SPACE BELOW IS AVAILABLE FOR PROVIDING ME WITH FURTHER INFORMATION ABOUT YOUR CHILD OR YOUR FAMILY WHICH YOU FEEL IS IMPORTANT FOR ME TO KNOW: