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CHILD AND ADOLESCENT DEVELOPMENTAL HISTORY

Please fill out this information form as completely as you can. Circle the item number of any questions that should be discussed more fully.

Child's Name _____ Sex ____ Date of Birth _____

Grade _____ School _____

Your Name _____ Relationship to Child _____

Family Members

	Name	Age	In Home	Occupation/Grade
Parents	_____	_____	_____	
	_____	_____	_____	

Siblings _____

Others _____

Does your child have any current problems at school and/or home?

Please list any previous counseling and/or treatment that your child has had _____

_____ Dates

1) What is your child like (check all that apply)

- | | | | |
|---------------------------------------|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Impulsive | <input type="checkbox"/> Easily frustrated | <input type="checkbox"/> Shy | <input type="checkbox"/> Dependent |
| <input type="checkbox"/> Relaxed | | | |
| <input type="checkbox"/> Affectionate | <input type="checkbox"/> Can't ask for help | <input type="checkbox"/> Unhappy | <input type="checkbox"/> Private |
| <input type="checkbox"/> Outgoing | | | |
| <input type="checkbox"/> Sensitive | <input type="checkbox"/> Often in trouble | <input type="checkbox"/> Enthusiastic | <input type="checkbox"/> Immature |
| <input type="checkbox"/> Quiet | | | |
| <input type="checkbox"/> Independent | <input type="checkbox"/> Often tearful | <input type="checkbox"/> Tense | <input type="checkbox"/> Distractible |
| <input type="checkbox"/> Helpful | | | |
| <input type="checkbox"/> Depressed | <input type="checkbox"/> Rapid mood changes | <input type="checkbox"/> Happy | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Friendly | | | |
| <input type="checkbox"/> Disorganized | <input type="checkbox"/> Lacks confidence | <input type="checkbox"/> Demanding | <input type="checkbox"/> Restless |
| <input type="checkbox"/> Angry | | | |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Very active | <input type="checkbox"/> Bossy | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Fearful | | | |

2) How does your child get along with his/her parents?

3) a. Are there any parent or family conflicts?

b. If there have been any parental separations or divorce, please give date(s), name(s) of the parental figures and list which parent(s) has legal custody and primary residential placement. _____

4) How does your child usually react to problems or difficulties?

5) What kind of discipline works best?

6) Has your child ever been physically or sexually abused?

7) How does your child get along with other children his/her own age?

8) What are your child's positive qualities and personal strengths?

9) What are your child's special interests or talents?

10) Has your child ever had a head injury, seizures, convulsions or loss of consciousness? If yes, please state age.

11) Are there any other medical problems your child has, including allergies?

12) List any medications your child takes including vitamins and nonprescription drugs.

13) Family history of difficulties (check all that apply and list the relationship of family member to the child, include Parents, Siblings, Grandparents, Aunts, Uncles, & Cousins)

Mental Illness _____

Emotional Problems _____

Alcoholism/Drug Abuse _____

 Behavioral Problems _____

 Learning Disability _____

Retardation

Legal Problems

Seizures/Epilepsy/Neurological Problems

Developmental History

Pregnancy & Birth

1) Was the pregnancy planned? yes no

2) What was the family situation during the pregnancy? happy unhappy:
explain

3) What was the mother's condition during pregnancy? (check all that apply)

Fevers over 35 during pregnancy Diabetes Smoked
 Used Drugs Under 17 during pregnancy Toxemia Drank alcohol
 Injuries Other problems

List any medications taken during pregnancy

4) Labor and delivery problems? (check all that apply)

Caesarian section Labor less than 2 hours Cord around baby's neck
 Breech Labor induced Mother asleep at delivery
 Forceps used Labor more than 24 hours Other

5) Birth weight: _____ lbs _____ oz Condition at Birth: OK Problems (check all that apply)

Jaundice Infection Premature Anemic
 Trouble breathing Needed Oxygen Trouble sucking Birth Defects
 Needed surgery in ICU Hospitalized for more than 5 days
 Other Problems

Infancy (0 – 12 months)

1) Please list any major family events during this time period. For example; deaths, births, parental conflicts, moves, separation from parents, change in primary caretaker, traumatic events, etc. Please include baby's age and general reaction.

2) Please list any major illnesses, injuries or hospitalizations.

3) Please describe any feeding/eating difficulties.

4) Please describe any sleeping difficulties.

5) What was your baby like? (check all that apply)

- | | | |
|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> cuddly | <input type="checkbox"/> social | <input type="checkbox"/> difficult to soothe |
| <input type="checkbox"/> fussy | <input type="checkbox"/> quiet | <input type="checkbox"/> slow to adjust to change |

Toddler Years (12 months to 3 years)

1) Please list any major family events during this time period. For example; deaths, births, parental conflicts, moves, separation from parents, change in primary caretaker, traumatic events, etc. Please include child's age and general reaction.

2) Please list any major illnesses, injuries or hospitalizations.

3) Please list any unusual habits, mannerisms or fears.

4) a. How old was your child when he/she spoke his/her first word?

b. How old was you child when he/she used complete sentences?

5) At what age did your child 1st walk?

6) a. How old was your child when he/she started toilet training?

b. How old was your child when he/she completed toilet training?

c. Please list any difficulties.

7) Did your child have any problems with separation from his/her parents?

8) Please list any behavioral problems with your child?

Preschool (ages 3-6) omit if child is under 3

1) Please list any major family events during this time period. For example; deaths, births, parental conflicts, moves, separation from parents, change in primary caretaker, traumatic events, etc. Please include child's age and general reaction.

2) Please list any major illnesses, injuries or hospitalizations.

3) Please list any unusual habits, mannerisms or worries.

4) Please describe how your child gets along with other children.

5) Please list any behavioral problems with your child.

6) Is your child fearful of new people and/or new situations? If yes, please explain.

7) Do you have any special concerns about your child during this age range? Check all that apply and explain below.

eating problems sleeping problem speech problems
 toileting problems bed wetting temper tantrums other

8) Please list any daycare and/or babysitting problems.

9) Did your preschooler exhibit any unusual behavior? (check all that apply)

- quiet over active easily frustrated clumsy
 usually happy demanding often sad or angry
 often fell difficulty separating

Middle Childhood Period (ages 6-11) omit if child is under 6

1) Please list any major family events during this time period. For example; deaths, births, parental conflicts, moves, separation from parents, change in primary caretaker, traumatic events, etc. Please include child's age and general reaction.

2) Please list any major illnesses, injuries or hospitalizations.

3) Please list any unusual habits, mannerisms, or worries.

4) Please list name of your child's school(s) and the grades he/she has attended.

5) How was your child's adjustment to changing schools?

6) Did you have any problems getting your child to go to school? If yes, please explain.

7) Please describe your child's relationship with his/her teachers.

8) Please describe your child's relationship with other children.

9) Does your child have a "best" friend?

10) Please list any problems your child has with attitude towards school or their grades.

11) Did your child repeat any grade? If yes, which grade(s)?

12) Did your child attend any special classes? If yes, during which grade and for what reason?

13) Are you or your child's teachers concerned about any of the following? (check all that apply)

speech reading writing hearing
 vision eye-hand coordination behavioral

Please explain

14) Does your child have any problems or worries about sex?

15) Does your child have any signs of puberty? menstruation growth spurt voice change

What is your child's reaction to this?

Adolescence (ages 12-19) omit if child under 12

1) Please list any major family events during this time period. For example; deaths, births, parental conflicts, moves, separation from parents, change in primary caretaker, traumatic events, etc. Please include child's age and general reaction.

2) Please list any major illnesses, injuries or hospitalizations.

3) Please list any unusual habits, mannerisms, or worries.

4) Does your child have any eating problems or problems with weight gain or loss?

5) Does your child have any problems sleeping?

6) Does your child have any academic problems at school?

7) Does your child have any behavioral problems?

8) At what age did you child experience the following?

Growth spurt _____ Voice Change _____ Menstruation

9) Are there any special concerns or reactions to these physical changes?

10) Do you have any concerns about your child's friends?

11) Have there been worries or concerns about sex or sexual activity?

12) Does your child smoke, use alcohol or take drugs? If yes, please describe.

13) Has your child had any trouble with law/police? If yes, please describe.

14) Has your child held a job(s)? If yes, please list and note any concerns.

15) Have there been problems about rules, curfew, where your child goes, etc.?

16) Has your child gotten into any physical struggles with an adult(s). If yes, please explain.

17) What specific changes would you want to see happen to feel that your therapy experience has been successful?

18) Is there anything else that would be helpful to know about your child or family?

Thank you for your attention to this detailed history.