

# Child / Adolescent Developmental History (for ages 17 and younger)

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## What was your child's birth weight?

\_\_\_\_\_ lbs \_\_\_\_\_ oz \_\_\_\_\_ Unknown

## Was delivery normal?

\_\_\_\_\_ Yes \_\_\_\_\_ Unknown

\_\_\_\_\_ No; specify \_\_\_\_\_

## Did the birth mother experience any physical or emotional problems during pregnancy?

\_\_\_\_\_ Yes; specify \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_ Unknown

## Were medications taken during pregnancy?

\_\_\_\_\_ Yes; specify \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_ Unknown

## Did the birth mother consume alcoholic beverages or abuse any street drugs during pregnancy?

\_\_\_\_\_ Yes; specify \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_ Unknown

## Did the baby experience any problems immediately after birth?

\_\_\_\_\_ Yes; specify \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_ Unknown

## Has your child ever required hospitalization?

\_\_\_\_\_ Yes; specify \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_ Unknown

## Is there any history of physical, sexual or emotional abuse?

\_\_\_\_\_ Yes; specify \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_ Unknown

## Is there a history of prolonged separations or traumatic events?

\_\_\_\_\_ Yes; specify \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_ Unknown

## At what age did your child do the following?

*(Italicized areas reflect normal development)*

\_\_\_\_\_ Smiled (6 months)

\_\_\_\_\_ Sat alone (6-10 months)

\_\_\_\_\_ Talked in sentences (30-36 months)

\_\_\_\_\_ Walked by self (12 months)

\_\_\_\_\_ Held head up (3-4 months)

\_\_\_\_\_ Fed self (2 years)

\_\_\_\_\_ Crawled (6-10 months)

\_\_\_\_\_ Rode a bike (6 years)

\_\_\_\_\_ Rolled over (6 months)

\_\_\_\_\_ Talked in single words (18-24 months)

\_\_\_\_\_ Pulled up (6-10 months)

\_\_\_\_\_ Established toilet training (2 1/2 -4 yrs)

## How would you describe your child's approach to new situations?

\_\_\_\_\_ Positive; jumps right in

\_\_\_\_\_ Withdrawn; tends not to participate

\_\_\_\_\_ Slow to warm up; cautious

## How would you generally describe your child's overall mood?

\_\_\_\_\_ Positive (happy, laughing, upbeat, hopeful)

\_\_\_\_\_ Negative (depressed, cranky, angry, hostile)

\_\_\_\_\_ Mixed but more positive than negative

\_\_\_\_\_ Mixed but more negative than positive

## Which school is your child currently attending?

## Is your child currently receiving special services in this school?

\_\_\_\_\_ Yes; specify \_\_\_\_\_

\_\_\_\_\_ No

## Has your child ever failed a class or been held back for academic reasons?

\_\_\_\_\_ Yes; specify grade \_\_\_\_\_

\_\_\_\_\_ No

## Is your child expected to pass this school year?

\_\_\_\_\_ Yes

\_\_\_\_\_ No