

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: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____

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

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

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Email: _____

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

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

Child's custodian/guardian is: _____

5. Other adult family members living in the home? _____

B. Chief Concern

Please describe the main difficulty that has brought you to see me: _____

C. Development

1. Pregnancy and delivery

Prenatal medical illnesses and health care: _____

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

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: _____

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: _____

Any speech, hearing, or language difficulties? _____

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D. Health

1. Primary Care Doctor/Clinic: _____ Phone: _____
2. Has child received COVID19 vaccination? Y / N Date of vaccination: (1st dose) _____ (2nd dose) _____
3. 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.

Age	Condition/Concern	Treatment Received	Treated By	Outcome
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E. Residences

1. With whom does the child primarily reside with? _____
2. If parents share custody, please describe the visitation schedule/parenting plan: _____

3. Has the child even been placed in residential care, foster care, or group care: No Yes (if yes, complete below)

Dates	Program name/location	Reason for placement	Problems?
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F. Schools

1. Current School: _____ Grade: _____ Teacher: _____

Does the child have an Individualized Education Plan (IEP)? If yes, for what? _____

Are there any other behavioral, emotional, or academic concerns at school? _____

G. Special skills or talents of child

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

H. Strengths and positive qualities of child

Please take a moment to list the strengths and positive qualities that make this child unique _____

I. Other

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