

**Child Developmental History Record**

**A. Identifications**

1. **Child's name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Person(s) completing this form: \_\_\_\_\_ Today's date: \_\_\_\_\_

2. **Mother's name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Currently employed:  No  Yes, as: \_\_\_\_\_ Work phone: \_\_\_\_\_

3. **Father's name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Currently employed:  No  Yes, as: \_\_\_\_\_ Work phone: \_\_\_\_\_

4. **Parents are currently**  Married  Divorced  Remarried  Never married  Other: \_\_\_\_\_  
Child's custodian/guardian is: \_\_\_\_\_

5. **Stepparent's name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Currently employed:  No  Yes, as: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Stepparent's name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Currently employed:  No  Yes, as: \_\_\_\_\_ Work phone: \_\_\_\_\_

6. **Other adult family members?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Development**

Please fill in any information you have on the areas listed below.

**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**

Breast-fed? 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: \_\_\_\_\_

Helped when being dressed: \_\_\_\_\_ Tied shoelaces: \_\_\_\_\_ Buttoned buttons: \_\_\_\_\_

Ate with a fork: \_\_\_\_\_ 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: \_\_\_\_\_

Age when child said first sentence understandable to a stranger: \_\_\_\_\_

Any speech, hearing, or language difficulties? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. Health**

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.

Condition	Age	Treated by whom?	Consequences?

**D. Residences**

1. Homes

Dates		Location	With whom	Reason for moving	Any problems?
From	To				

2. Psychiatric hospitalizations, residential placements, institutional placements, or foster care.

Dates		Program name or location	Reason for placement	Problems?
From	To			

**E. Schools**

School (name, district, address, phone)	Grade	Age	Teacher

May I call and discuss your child with the current teacher?  Yes  No

**F. Special skills or talents of the child.**

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

**G. Characteristics of the child.** Please circle the number that best describes the child. 0 = neutral and 5 =highly

Outgoing	5	4	3	2	1	0	1	2	3	4	5	Reserved/Shy
Task Oriented	5	4	3	2	1	0	1	2	3	4	5	Process Oriented
Laid Back	5	4	3	2	1	0	1	2	3	4	5	Persistent
High Energy/Activity	5	4	3	2	1	0	1	2	3	4	5	Low Energy/Activity
Intellectual	5	4	3	2	1	0	1	2	3	4	5	Emotional
Aggressive	5	4	3	2	1	0	1	2	3	4	5	Passive
Flexible	5	4	3	2	1	0	1	2	3	4	5	Resistant to Change
Positive Outlook	5	4	3	2	1	0	1	2	3	4	5	Negative Outlook
Risk Taker	5	4	3	2	1	0	1	2	3	4	5	Cautious
Care Free	5	4	3	2	1	0	1	2	3	4	5	Worrier

**H. Other**

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

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*This is a strictly confidential patient medical record. Re-disclosure or transfer is expressly prohibited by law.*