

Child Developmental History Record

A. Identifications

1. Child's name: _____ Birthdate: _____ Age: _____
Person(s) completing this form: _____ Today's date: _____
2. Mother's name: _____ Birthdate: _____ Home phone: _____
Address: _____
Currently employed: No Yes, as: _____ Work phone: _____
3. Father's name: _____ Birthdate: _____ 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: _____ Birthdate: _____ Home phone: _____
Address: _____
Currently employed: No Yes, as: _____ Work phone: _____

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? _____ Weight and height at birth: _____

Any birth complications or problems? _____

2. The first few months of life

Breast-fed? _____ If so, for how long? _____

Any allergies? _____

(cont.)

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: _____
Ate with a fork: _____ Stayed dry all day: _____
Didn't soil his or her pants: _____ Stayed dry all night: _____
Tied shoelaces: _____ Buttoned buttons: _____

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?

(cont.)

D. Residences

1. Homes

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

2. 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 child

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

G. Other

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

Child Checklist of Characteristics

Name: _____ Date: _____

Age: _____ Person completing this form: _____

Many concerns can apply to both children and adults. If you have brought a child for evaluation or treatment, first please mark all of the items that apply to your child on the "Adult Checklist of Concerns." Then review this checklist, which contains concerns (as well as positive traits) that apply mostly to children, and mark any items that describe your child. Feel free to add any others at the end under "Any other characteristics."

- Affectionate
- Argues, "talks back," smart-alecky, defiant
- Bullies/intimidates, teases, inflicts pain on others, is bossy to others, picks on, provokes
- Cheats
- Cruel to animals
- Concern for others
- Conflicts with parents over persistent rule breaking, money, chores, homework, grades, choices in music/clothes/hair/friends
- Complains
- Cries easily, feelings are easily hurt
- Dawdles, procrastinates, wastes time
- Difficulties with parent's paramour/new marriage/new family
- Dependent, immature
- Developmental delays
- Disrupts family activities
- Disobedient, uncooperative, refuses, noncompliant, doesn't follow rules
- Distractible, inattentive, poor concentration, daydreams, slow to respond
- Dropping out of school
- Drug or alcohol use
- Eating—poor manners, refuses, appetite increase or decrease, odd combinations, overeats
- Exercise problems
- Extracurricular activities interfere with academics
- Failure in school
- Fearful
- Fighting, hitting, violent, aggressive, hostile, threatens, destructive
- Fire setting
- Friendly, outgoing, social
- Hypochondriac, always complains of feeling sick
- Immature, "clowns around," has only younger playmates
- Imaginary playmates, fantasy
- Independent
- Interrupts, talks out, yells
- Lacks organization, unprepared

(cont.)

- Lacks respect for authority, insults, dares, provokes, manipulates
- Learning disability
- Legal difficulties—truancy, loitering, panhandling, drinking, vandalism, stealing, fighting, drug sales
- Likes to be alone, withdraws, isolates
- Lying
- Low frustration tolerance, irritability
- Mental retardation
- Moody
- Mute, refuses to speak
- Nail biting
- Nervous
- Nightmares
- Need for high degree of supervision at home over play/chores/schedule
- Obedient
- Obesity
- Overactive, restless, hyperactive, overactive, out-of-seat behaviors, restlessness, fidgety, noisiness
- Oppositional, resists, refuses, does not comply, negativism
- Prejudiced, bigoted, insulting, name calling, intolerant
- Pouts
- Recent move, new school, loss of friends
- Relationships with brothers/sisters or friends/peers are poor—competition, fights, teasing/provoking, assaults
- Responsible
- Rocking or other repetitive movements
- Runs away
- Sad, unhappy
- Self-harming behaviors—biting or hitting self, head banging, scratching self
- Speech difficulties
- Sexual—sexual preoccupation, public masturbation, inappropriate sexual behaviors
- Shy, timid
- Stubborn
- Suicide talk or attempt
- Swearing, blasphemes, bathroom language, foul language
- Temper tantrums, rages
- Thumb sucking, finger sucking, hair chewing
- Tics—involuntary rapid movements, noises, or word productions
- Teased, picked on, victimized, bullied
- Truant, school avoiding
- Underactive, slow-moving or slow-responding, lethargic
- Uncoordinated, accident-prone
- Wetting or soiling the bed or clothes
- Work problems, employment, workaholism/overworking, can't keep a job

Any other characteristics:

- _____

Please look back over the concerns you have checked off and choose the one that you most want your child to be helped with. Which is it? _____

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.
