



CHILD/ADOLESCENT DEVELOPMENTAL HISTORY

DEMOGRAPHIC INFORMATION

Child's Name _____ Gender M F

Date of Birth _____ Age _____

Name of person completing intake and relationship to child: _____

Parent/Head of Household Information: (Note: if divorced, please list biological parents)

Name _____ Date of Birth/Age _____

Address _____

Telephones: home/work/cell/pager _____

Education Completed _____ Employer _____ Position _____

Marital Status: Single Living Together Married Partnered Separated Divorced

Parent/Head of Household Information:

Name _____ Date of Birth/Age _____

Address _____

Telephones: home/work/cell/pager _____

Education Completed _____ Employer _____ Position _____

Marital Status: Single Living Together Married Partnered Separated Divorced

Please list **all** persons and pets living in household or who regularly spend more than three hours per week in your home and their ages. Please include visiting stepfamily, extended family members, roommates, friends, boyfriends, girlfriends _____

Presenting Problem:

Please describe all the reasons you are seeking help: _____

History of Problem:

Approximately how old was child when you first noticed a problem?

What did the problem look like then?

How has child's problem changed throughout his/her growth?

What is child's understanding of the problem?

Has child had any other behavioral or emotional problems in the past (even if they are not affecting child now)?

Describe.

Has child ever talked about hurting or killing him/herself or another person/animal?

Has child ever used or abused medication, illegal drugs or alcohol?

Previous Therapy/Psychological Testing (include marital, family therapy, school counseling):

	Where/Who	When	Reason	Effective?	Satisfied?
a.	_____				
b.	_____				
c.	_____				

From whom do you usually seek advice with parenting/child issues?

FAMILY HISTORY

Please indicate if any of the following have occurred in the **household or extended family**. Include father, mother, siblings, grandparents, aunts, uncles, cousins, and relationship to child.

Divorce _____

Marital Problems _____

Domestic Violence _____

Deaths, include pets _____

Moves to New Home _____

Arrests/Legal Involvement _____

Alcohol/Drugs _____

Physical/Sexual Abuse _____

Illness/Hospitalization s _____

Depression/Bipolar _____

Psychiatric Hospital _____

Nervous Breakdown _____

Suicide _____

Eating Disorder _____

Anxiety Disorder _____

Aggressive Outburst _____

Bedwetting _____

School Phobia/Separation Anxiety _____

Delayed Reading or Speech _____

Learning Disabilities _____

Autism /Aspergers _____

Mental Retardation _____

Attention Deficit/Hyperactivity _____

Epilepsy _____

Schizophrenia _____

Comments:

Birth of Siblings:

How was child prepared for birth of any siblings?

How did child react upon siblings' birth(s)?

Discipline Practices:

What methods do you/have you used as discipline?

What works best?

Who is most responsible for discipline? Mother Father Other_____

Do the parents agree on methods of discipline?

Do grandparents agree with parents' discipline?

Family religion _____

DEVELOPMENTAL HISTORY

Check here if not known

Pregnancy

How did the parents feel when they learned the mother was pregnant?

How long did you try to become pregnant?

Child planned? Y N Problems conceiving? Y N

Fertility methods? Y N Artificial Insemination? Y N

Smoking _____packs per day Alcohol use _____drinks per day

Caffeine use _____drinks per day Regular prenatal care? Y N

Medication/drug use during pregnancy Y N

Mother's mood during pregnancy

Father's mood during pregnancy

Mother's physical condition (headaches, high blood pressure, illnesses including colds, flu)

Accidents, falls, injuries to mother?

Premature labor at _____weeks. Describe

Other significant things or complications during pregnancy including bedrest

How did this pregnancy compare with any others?

Delivery

Labor induced? Y N Time in labor_____ Difficult or Easy?

Vaginal or Caesarean? Premature or Full Term? Forceps/Suction? Y N

Baby born head first or breech? Father present at delivery? Y N

Child's birth weight_____ length_____ Apgar score (1-10) _____

Describe any complications during child's delivery

Describe any problems/illnesses of child immediately after birth

Neonatal ICU? Y N How long?

Infancy

Breast or Bottle fed? Any problems nursing?

Baby's response to nursing? Active Eager Needed Encouraging

What age weaned? _____ Mother's feelings about nursing and weaning?

Any problems with formula? Baby fed on Demand or Time Schedule?

"Baby Blues" or Post Partum Depression in mother? Y N

Describe how you feel child has bonded to mother _____ to father _____

Age of child when mother returned to work? _____ When father returned to work? _____

Any physical problems, illnesses, hospitalizations, extended absences, or strains on parents or siblings in child's first year? Second year?

Circle all that described child as a baby:

- Cuddly Curious Happy Active Irritable Cried a lot
- Good sleeper Friendly Easy to put on schedule Smiling/Laughing a lot Slow to warm up
- Tense/edgy Colicky Constipated Diarrhea Seemed in pain Sad
- Easily startled/over reactive Hard to soothe Withdrawn Afraid of strangers

Activity Level: (check one)

- _____ Squirming, wiggling, kicking as cause of concern
- _____ Very low, no increase in movement, interest, or response when hungry or played with
- _____ Vigorous activity when awake and when played with but equally played quietly and generally relaxed

Sleeping Patterns: Thumb-sucking Rocking Special Toy/Blanket

Did child sleep in own room? Y N If not, where did child sleep?

At what age(s)? For how long?

Were there periods when child habitually awoke crying and had to be held or rocked in order to fall asleep?

Y N At what age(s)? What soothed child?

Developmental Milestones (please be as specific as possible)

What age did child Sit _____ Crawl _____ Walk alone _____

Two word sentences _____ Simple phrases _____ Read _____

Start toileting _____ Complete toileting _____ Dry at night _____

How would you say child developed? Faster Slower Average

Toilet Training

Describe how child was toilet trained.

Who toilet trained child? Mom Dad School Other

Any daytime wetting? _____ Soiling? _____
 Temper tantrums Began at what age? _____ How frequent? _____
 How long? _____ How handled by parents/adults? _____

Child's and Caregiver's reactions to

Thumb-sucking? _____ Nail-Biting? _____
 Masturbating? _____ Other habits? _____
 What are child's words for (please list **any/all** terms used):
 Penis _____ Testicles _____
 Vagina/Vulva/Labia _____ Breasts _____
 Bottom/Anus/Rectum _____
 Has/does child show curiosity about how babies are born? Y N At what age?
 What is child's understanding of this?

For females clients:

How was child prepared for menstruation?
 At what age? _____ Age menses began? _____
 How did she react? (circle all that apply)
 Tearful Casual Pleased Fearful Indifferent Embarrassed

MEDICAL HISTORY

Please check the appropriate boxes to indicate the child's medical history and ages:

- | | |
|---|---|
| <input type="checkbox"/> Illness _____ | <input type="checkbox"/> Allergies _____ |
| <input type="checkbox"/> Head Injury _____ | <input type="checkbox"/> Chronic Ear Infections _____ |
| <input type="checkbox"/> Eye Problems _____ | <input type="checkbox"/> Tubes in Ears _____ |
| <input type="checkbox"/> Frequent Colds _____ | <input type="checkbox"/> Convulsions/Seizures _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Asthma _____ |

Current medications child is taking:

Name/Dose	Times per day	Reason
a. _____		
b. _____		
c. _____		

Past medications for behavior or psychological reasons:

- a. _____ b. _____ c. _____

Child's immunizations up to date? Y N If no, which ones are not?

List all surgeries/illnesses/injuries/hospitalizations/trips to ER:

Month/Year	Reason/Describe	Days in hospital
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Has child ever been held back in school? Y N What grade(s) and why?

Circle if any of the following apply to child's school history:

Resource Room Emotional Handicap IEP Suspended Expelled

Changed class due to problem Conference for behavior problem

LD class – which subjects?

Gifted/Accelerated – which subjects?

Child's most recent grades (circle all that apply) A B C D F

List reasons for any changes in child's school

How did child react?

SOCIAL AND PLAY HISTORY

Child's interests, hobbies, sports and extracurricular activities

Does child collect anything? Y N Describe

Does child have a favorite toy? Y N Describe

Does child play with other toys interchangeably? Y N

How long does child play with one toy?

Does child play with toy take it apart

Describe anything you feel is unusual about child's play (secretive play, play that repeats, etc.)

Would child prefer to play: alone with others

Does child join in with other children playing? Y N

Does child do this aggressively? Y N

Does child have a favorite board game? Y N Describe

Can child finish the game, lose in a positive way?

How much time does child spend watching TV daily?

Playing computer/electronic games daily?

What is child's favorite program/game?

How often do you play with child?

How many friends does child have at home? at school?

How often does child play with those friends?

Does child have a best friend? Y N What is that friend's first name?

Does child prefer to play with others his/her own age? Younger? Older?

Please add below anything else you think may be helpful in the treatment of child: