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Child Developmental History Record

Identification:

Child's name: _____Birthdate: _____Age: _____

Person(s) completing this form: _____ Today's date: _____

Mother's name: _____ Birthdate:_____ Home phone: _____

Address: _____

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

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

Address: _____

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

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

Child's custodian/guardian is: _____

5. Stepparent's name: _____ Birthdate_____ Home phone: _____

Address: _____

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

Development:

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

Pregnancy and delivery:
Prenatal medical illnesses:_____

Was the child premature? _____ Weight and height at birth: _____ _____

Any birth complications or problems?_____

The first few months of life:

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

Any allergies? _____

(cont.)

Sleep patterns or problems: _____

_____

Please describe child's personality_____

_____

_____

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/her pants: _____Stayed dry all night: _____

Dressed self completely: _____

Speech/language development :

Age when child said first word understandable to strangers: _____

Age when child said first sentence understandable to a stranger: _____

Any speech, hearing, or language difficulties? _____

_____

Health:

List all childhood illnesses, hospitalizations, medications, allergies, head trauma, important accidents and injuries, surgeries, periods of loss of consciousness, convulsions/seizures, and other medical conditions.

Condition	Age	Treated by whom?	Consequences?

(cont.)

Residences:

Homes:

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

Residential placements, institutional placements, or foster care:

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

Schools:

School (Name, district, address, phone)	Grade	Age	Teacher
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Special skills or talents of child:

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

_____

Other:

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

_____

_____

_____

_____

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