

DEVELOPMENTAL HISTORY

To be completed on all children 17 years old and younger

Name of Child: _____ ID# _____ DOB: _____
Informant: _____ Relationship: _____

Mother's health during pregnancy: Good _____ Fair _____ Poor _____

Any illness/complications during pregnancy? (ex. R.H. neg. toxemia, diabetes) _____

Any substance abuse before or during pregnancy? (Specify) _____

Delivery:

Length of pregnancy: _____ months Labor: _____ hours
Type of delivery: Vaginal: _____ Cesarean: _____ Birth Weight: _____
Complications (if any) _____

Child's condition after birth _____

Early Development:

Walked: _____ (age) Difficulties? _____

First word spoken: _____ (age) Difficulties? _____

Sentences formulated: _____ (age) Difficulties? _____

Toilet trained: _____ (age) Difficulties? _____

Any unusual childhood illnesses? _____

Child raised by natural parents? yes/no(specify) _____

If parents separated or divorced what are the legal custody arrangements? _____

Any child care arrangements? ex: Baby-sitter, daycare _____

Any child care difficulties? _____

Any long separation from the primary care giver? _____

Any social/behavioral problems? (specify) _____

Child's present grade? Any school problems? _____

Describe child's temperament? _____

_____/_____/_____

Date

Parent/Guardian Signature

Solutions Counseling & Consultation Services, P.C.- Bethlehem, Allentown, PA (610) 865-1303