

ATLANTA AREA PSYCHOLOGICAL ASSOCIATES, P.C.

DEVELOPMENTAL HISTORY

Child's Name: _____ Birth date: _____

Age: _____ Gender: _____

Address: _____

Home Phone: _____

Child's School: _____

name

address

grade

Column A
Adults with whom
child is living

Column B
Non-Residing
involved adults

Natural mother

() _____

() _____

Natural father

() _____

() _____

Stepmother

() _____

() _____

Stepfather

() _____

() _____

Adoptive mother

() _____

() _____

Adoptive father

() _____

() _____

Foster mother

() _____

() _____

Foster father

() _____

() _____

Other (specify)

() _____

() _____

Place the number 1 or 2 next to each check in column A and provide the following information about each person:

1. Name: _____ Occupation: _____

Business name/address: _____

Phone #: _____

2. Name: _____ Occupation: _____

Business name/address: _____

Phone #: _____

Place the number 3 next to the person in Column B who is most involved with the child and provide the following:

3. Name: _____ Occupation: _____

Business name/address: _____

Phone #: _____

REFERRAL INFORMATION

Source of referral: Name: _____ Address: _____
Street address

Telephone #: _____
City State zip code

PURPOSE OF CONSULTATION

Purpose of consultation (brief summary of the main problems): _____

PREGNANCY

Complications:

Excessive vomiting _____ Hospitalization required _____
Excessive staining or blood loss _____
Threatened miscarriage _____
Infection(s) Specify _____
Toxemia _____
Operation(s) Specify _____
Other illness(es) Specify _____

Smoking during pregnancy _____ average number of cigarettes per day _____

Alcoholic consumption during pregnancy _____ describe if beyond occasional drink

Medications taken during pregnancy _____

X-ray studies taken during pregnancy _____

Duration _____

DELIVERY

Type of labor: Spontaneous _____ Induced _____

Forceps: high _____ mid _____ low _____

Duration of labor: _____ hours

Type of delivery: Vertex (normal) _____ breech _____ Caesarean _____

Complications:

cord around neck _____
cord presented first _____
hemorrhage _____
infant injured during delivery _____
other (specify) _____
Birth Weight _____
Appropriate for gestational age _____
Small for gestational age (SGA) _____

POST-DELIVERY PERIOD (while in hospital)

Respiration: immediate _____ delayed _____ if so, how long? _____
Cry: immediate _____ delayed _____ if so, how long? _____
Mucus accumulation _____
Apgar Score (if known) _____
Jaundice _____
Rh factor _____ Transfusion _____
Cyanosis (turned blue) _____
Incubator care _____ number of days _____
Suck: strong _____ weak _____
Infection (specify) _____
Vomiting _____ diarrhea _____
Birth defects (specify) _____
Total number of days baby was in the hospital after delivery _____

INFANCY-TODDLER PERIOD

Were any of the following present- to a significant degree- during the first few years of life? If so, describe.

Did not enjoy cuddling _____
Was not calmed by being held and/or stroked _____
Colic _____
Excessive restlessness _____
Diminished sleep because of restlessness and easy arousal _____
Frequent headbanging _____
Constantly into everything _____
Excessive number of accidents compared to other children _____

DEVELOPMENTAL MILESTONES

If you can recall, record the age at which your child reached the following developmental milestones. If you cannot recall, check item at right.

I cannot recall exactly, but to the best of my recollection, it occurred

age _____ early _____ normal time _____ late _____

Smiled _____ Sat without support _____ Crawled _____
Stood without support _____ Walked without assistance _____
Spoke first words beside “ma-ma” and “da-da” _____
Said phrases _____ Said sentences _____ Bowel trained-day _____
Bowel trained –night _____ Bladder trained-day _____

Bladder trained-night _____ Rode tricycle _____
Rode bicycle (w/o training wheels) _____ Buttoned clothing _____
Tied shoelaces _____ Named coins _____
Said alphabet in order _____ began to read _____

COORDINATION

Rate your child in the following skills:

GOOD AVERAGE POOR

Walking _____ Running _____ Throwing _____ Catching _____
Shoelace tying _____ Buttoning _____ Writing _____
Athletic abilities _____

COMPREHENSION AND UNDERSTANDING

Do you consider your child to understand directions and situations as well as other children his or her age? If not, why? _____

How would you rate your child's overall level of intelligence compared to other children?
Below average _____ Average _____ or Above average _____

SCHOOL

Rate your child's school experiences related to academic learning:

GOOD AVERAGE POOR

Nursery school _____ Kindergarten _____ Current grade _____

To the best of your knowledge, at what grade level is your child functioning?
reading _____ spelling _____ arithmetic _____

Has your child ever had to repeat a grade? If so, when _____

Present class placement: regular class _____ special class _____
(if so specify) _____

Kinds of special therapy or remedial work your child is currently receiving: _____

Describe briefly any academic problems _____

Rate your child's school experience related to behavior:

GOOD

AVERAGE

POOR

Nursery school _____ Kindergarten _____ Current grade _____

Does your child's teacher describe any of the following as significant classroom problems?

- Doesn't sit still in his or her seat _____
- Frequently gets up and walks around the classroom _____
- Shouts out, doesn't wait to be called upon _____
- Does not cooperate well in group activities _____
- Typically does better in one-on-one relationship _____
- Doesn't respect the rights of others _____
- Doesn't pay attention during storytelling _____

Describe briefly any other classroom behavioral problems: _____

PEER RELATIONSHIPS

- Does your child seek friendships with peers? _____
- Is your child sought by peers for friendships? _____
- Does your child play primarily with children his or her own age? _____
younger? _____ older? _____

Describe briefly any problems your child may have with peers: _____

HOME BEHAVIORS

All children exhibit, to some degrees, the kinds of behavior listed below. Check those that you believe your child exhibits to an excessive or exaggerated degree when compared to other children his or her age.

- Hyperactivity (high activity level) _____
- Poor attention span _____
- Impulsivity (poor self control) _____
- Low frustration threshold _____
- Temper outbursts _____
- Sloppy table manners _____
- Interrupts frequently _____
- Doesn't listen when being spoken to _____
- Sudden outbursts of physical abuse to other children _____
- Acts like he or she is driven by a motor _____

Wears out shoes more frequently than siblings _____
Heedless to danger _____ Doesn't learn from experience _____
Excessive number of accidents _____
Poor memory _____ More active than siblings _____

INTERESTS AND ACCOMPLISHMENTS

What are your child's main interests and hobbies?

What are your child's areas of greatest accomplishments?

What does your child enjoy doing most?

What does your child dislike doing most?

MEDICAL HISTORY

If your child's medical history includes any of the following, please note the age, the incident or illness that occurred and any other pertinent information.

Childhood diseases (describe any complications) _____

Hospitalizations for illness (es) other than operations _____

Head injuries _____

with unconsciousness _____ without unconsciousness _____

Convulsions _____

with fever _____ without fever _____

Coma _____

Meningitis or encephalitis _____

Immunization reactions _____

Persistent high fevers _____ highest temp. ever recorded _____

Eye problems _____

Ear problems _____

Poisoning _____

PRESENT MEDICAL STATUS

Present height _____ Present weight _____

Present illness (es) for which child is being treated _____

Medication child is taking on an ongoing basis _____

FAMILY HISTORY- MOTHER

Age _____ age at time of pregnancy with patient _____

Number of previous pregnancies _____ Number of spontaneous abortions (miscarriages) _____ Number of induced abortions _____

Sterility problems (specify) _____

School: Highest grade completed _____

Learning problems (specify) _____

Grade repeat _____

Behavior problems (specify) _____

Medical problems (specify) _____

Have any of your blood relatives (not including patient or siblings) ever had problems similar to those of your child? If so, describe _____

FAMILY HISTORY- FATHER

Age _____ age at time of patient's conception _____

Sterility problems (specify) _____

School: Highest grade completed _____

Learning problems (specify) _____

Grade repeat _____

Behavior problems (specify) _____

Medical problems (specify) _____

Have any of your blood relatives (not including patient or siblings) ever had problems similar to those of your child? If so, describe _____

SIBLINGS

Name, age, medical, social or academic problems

1. _____
2. _____
3. _____
4. _____

LIST NAMES AND ADDRESSES OF ANY OTHER PROFESSIONALS CONSULTED

1. _____
2. _____
3. _____
4. _____

PLEASE RESPOND TO THE FOLLOWING QUESTIONS IN RELATION TO YOUR CHILD'S RECENT BEHAVIOR. FEEL FREE TO EXPRESS YOUR OWN IDEAS WITH REGARD TO THE POSSIBLE SOURCES OF YOUR CHILD'S BEHAVIOR.

EATING

1. What feeding difficulties has the child had?

2. Possible causes of the difficulties?

3. Do his or her eating habits bother you or any adults in any way, as far as you know? _____
4. Hours of meals (breakfast, lunch, and dinner)?

5. Does he or she eat between meals? _____
6. Does he or she eat candies or sweets? _____
7. Does he or she drink a lot of fluids? _____
8. List the foods to which the child is allergic _____

SLEEPING

1. Has the child had a room of his or her own? _____
 2. If not, shared with whom? _____
 3. Bedtime? _____
 4. Time of waking? _____
 5. Difficulties: nightmares; sleepwalking; hard to get to sleep; fussing at bedtime? _____

- Other _____

PLAY

1. What type of play does your child enjoy? _____

2. Possible causes of difficulties _____

PERSONALITY TRAITS

1. Usually agreeable? _____
2. Shy? _____ with whom? _____
3. Fearful? _____ of what? _____
4. Is he or she jealous? _____ of whom? _____
5. Child's most desirable qualities? _____
6. Child's most undesirable qualities? _____
7. Does your child show an unusual amount of interest in sex? _____

SUPERVISION

1. Is the child cared for by friends, relatives or a maid? _____
2. Does the father's work take him away from home for long periods of time? _____

3. Does the mother's work take her away from home for long periods of time? _____

4. Is there any differences of opinion among members of the household or others who supervise on the management of the child? _____
5. Do any of those supervising have more difficulty than others? If so, describe _____

6. Is the child usually cooperative and obedient? _____
7. What kind of situations cause difficulties? _____

8. What methods of discipline do you use? _____

THINGS MY CHILD CAN NOT DO FOR HIM/HERSELF

Dressing? _____ Undressing? _____ Washing? _____
Toileting? _____ Eating? _____