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DEVELOPMENTAL HISTORY

Name _____

Child's Name _____

Relationship to Child _____

Child's Date of Birth _____ Current Grade _____

School of Attendance _____

Early Developmental History

Any problems with child during pregnancy? Yes _____ No _____

If yes, please explain. _____

Mother's age at birth _____ Father's age at birth _____

How was your child delivered? Vaginal Delivery _____ Cesarean-Section _____

Any problems with the child's birth or immediately after birth? Yes _____ No _____

If yes, please explain. _____

Please briefly describe your child before the age of 2 (i.e., calm, active, difficult, fearful, sad, happy, etc.) _____

Was it an easy or difficult attachment? _____

Please indicate the approximate ages of the following developmental milestones:

Sitting _____ Playing with others _____

Crawling _____ Sleeping through the night _____

Walking _____ Good eating habits _____

Talking _____ Counting _____

Toilet training _____ Writing _____

Talk in sentences _____ Reading _____

If needed, please explain any of the above . _____

Family Composition

Who lives in the home with the child?

| <i>Name</i> | <i>Age</i> | <i>Describe their relationship to the child?</i> |
|-------------|------------|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Siblings:

| <i>Name</i> | <i>Age</i> | <i>Relationship to child (i.e. full, half, step adopted?)</i> |
|-------------|------------|---|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

Parental Relationship:

| | |
|-------------------------|--------------------------------|
| Married _____ | Date _____ |
| Separated _____ | Date _____ |
| Divorced _____ | Date _____ |
| Never Married _____ | Together? Yes _____ No _____ |
| Mother Re-Married _____ | Date _____ Spouse's Name _____ |
| Father Re-Married _____ | Date _____ Spouse's Name _____ |

Briefly describe the parental relationship (i.e., loving, co-operative, strained, turbulent, estranged) _____

Behavioral History

Please describe your child's strengths _____

Please describe your child between the ages of 2-5 _____

Please describe your child between the ages of 6-9 _____

Please describe your child between the ages of 10-13 _____

Please describe your child between the ages of 14-18 _____

Does your child have behavioral problems at school? Yes _____ No _____

If yes, please explain. _____

Does your child have behavioral problems at home? Yes _____ No _____

If yes, please explain. _____

Does your child have any academic problems? Yes _____ No _____

If yes, please explain. _____

Does your child receive Special Education Services? Yes _____ No _____

If yes, please explain. _____

Does your child receive any other counseling? Yes _____ No _____

If yes, with whom? . _____

How many friends does your child have at school? _____

How much time do they play together per week? _____

How many friends does your child have at home? _____

How much time do they play together per week? _____

Medical History

Pediatrician's name _____

Date of child's last medical exam _____

Is your child on any medication? _____

Does your child wear glasses? Yes _____ No _____

Has your child ever been hospitalized? Yes _____ No _____

If yes, please explain. _____

Has your child ever had a fever over 104 degrees? Yes _____ No _____

If yes, please explain. _____

Has your child ever had any accidents or serious injuries? Yes _____ No _____

If yes, please explain. _____

Family History

Does your child's family have any history of medical problems? Yes _____ No _____

If yes, please explain.

Does your child's family have any history of emotional or psychological problems?

Yes _____ No _____

If yes, please explain. _____

Does any member of your child's family have any current medical problems? \

Yes _____ No _____

If yes, please explain. _____

Does any member of your child's family have any current emotional or psychological problems?

Yes _____ No _____

If yes, please explain. _____

Are any members of your child's family currently using alcohol and/or drugs?

Yes _____ No _____

If yes, please explain. _____

Additional Information

Any major stressors that have occurred in your child's lifetime (i.e. death, illness, divorce, domestic violence, abuse, moving, addiction) _____

List the three biggest stressors in your child's life currently _____

Any additional information about your child that you would like to share _____
