

Legacy Family Counseling ~ Cleveland, TN

Child Developmental History Record

A. Identifications

1. Child's name: _____ Birthdate: _____ Age: _____
Person(s) completing this form: _____ Today's date: _____
2. Mother's name: _____ Birthdate: _____ Home phone: _____
Address: _____
Currently employed: No Yes, as: _____ Work phone: _____
3. Father's name: _____ Birthdate: _____ Home phone: _____
Address: _____
Currently employed: No Yes, as: _____ Work phone: _____
4. Parents are currently Married Divorced Remarried Never married Other: _____
Child's custodian/guardian is: _____
5. Stepparent's name: _____ Birthdate: _____ Home phone: _____
Address: _____
Currently employed: No Yes, as: _____ Work phone: _____

B. Development

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

1. Pregnancy and delivery

Prenatal medical illnesses and health care: _____

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

Any birth complications or problems? _____

2. The first few months of life

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

Any allergies? _____

(cont.)

Sleep patterns or problems: _____

Personality: _____

3. 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 or her pants: _____ Stayed dry all night: _____

Tied shoelaces: _____ Buttoned buttons: _____

4. Speech/language development

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

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

Any speech, hearing, or language difficulties? _____

C. Health

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

Condition	Age	Treated by whom?	Consequences?

D. Residences

1. Homes

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

2. Residential placements, institutional placements, or foster care

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

E. Schools

School (name, district, address, phone)	Grade	Age	Teacher

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

F. Special skills or talents of child

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

G. 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. Rediscovery or transfer is expressly prohibited by law.