

**DEVELOPMENTAL HISTORY FORM**

Date:

Child's Name:

Age:

Date of Birth:

Sibling's Names and Dates of Birth:

Parent's Names:

Ages:

Occupations:

Address:

Phone – Home:

Work:

E-Mail:

Significant Family Medical and/or Psychiatric History:

**CURRENT FUNCTIONING AND HISTORY**

Reason for Consultation:

Relationship with:  
Mother:

Father:

Other Adults:

Siblings:

Peers:

Favorite Activities, Hobbies and Interests:

Describe Mother's Pregnancy and Birth:

Description of Child as Infant:

Description of Child as Toddler:

Significant issues with:

Sleep:

Self-Care, Including Toilet Mastery:

Eating:

Play:

Milestones (smiling, sitting, playing, crawling, walking, talking; toileting)

Health:

Accidents, Illnesses, Operations, Hospitalizations:

Separations and Losses:

Day Care:

Nursery School:

Elementary School:

Secondary School:

How would you describe your child's temperament?

Any Additional Information:

