

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 (eg: diabetes, toxemia, premature labor): _____

List any medications, alcohol or drugs used during pregnancy: _____

Delivery: Length of pregnancy: _____ months Labor: _____ hours

Type of delivery: Vaginal Caesarean Birth Weight: _____ lb _____ oz

Delivery Complications: None Yes (describe): _____

Early Development:

Walked at what age: _____ Difficulties: _____

First spoken word at what age: _____ Difficulties: _____

Sentences formulated at what age: _____ Difficulties: _____

Toilet trained at what age: _____ Difficulties: _____

Child's primary caregivers (list name and relationship): _____

Note any early childcare arrangements (babysitting, daycare, etc): _____

Any long separations from primary caregivers: _____

Describe any early social or behavioral problems: _____

Describe child's temperament: _____

Signature of person completing this form: _____ Date: _____

Signature of Therapist: _____ Date: _____