

# DEVELOPMENTAL HISTORY

To be completed on all children 17 years old and younger

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ ID# \_\_\_\_\_

Informant: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mother's health during pregnancy:  Good  Fair  Poor

Any illness/complications during pregnancy? (ex: R.H. neg. toxemia, diabetes)

Any substance abuse before or during pregnancy? (specify)

## Delivery:

Length of Pregnancy (in months): \_\_\_\_\_ Hours in Labor \_\_\_\_\_ Birth Weight: \_\_\_\_\_

Type of delivery:  Vaginal  Cesarean

Complications (if any)

Child's condition after birth

## Early Development:

Age first walked: \_\_\_\_\_ Difficulties?

Age when first word spoken \_\_\_\_\_ Difficulties?

Age when Sentences Formulated \_\_\_\_\_ Difficulties?

Age toilet trained \_\_\_\_\_ Difficulties?

Any unusual childhood illnesses?

Child raised by parents?  YES  NO specify \_\_\_\_\_

Any child care arrangements?  
Ex: babysitter, daycare

Any childcare difficulties?

Any long separation from the primary care giver?

Any social/behavioral problems? (specify)

Describe child's temperament?