

Mathers Clinic

Child & Adolescent Developmental History Form

INSTRUCTIONS:

Please complete the following information about your child and family. If any questions do not apply to your child, simply write "DNA" (does not apply) in the space provided or leave the space blank. It is best if this form is completed by all parents or primary caretakers. This information will be helpful to your child's doctor or other professionals to better understand your child and your family.

Child's Name: _____ Informant: _____ Date: _____

Address: _____

Informant's Relationship To Child: _____

Child's Age: _____ Child's Date Of Birth: _____ Gender: _____

School: _____ Grade: _____ Phone # Of School: _____

Current Teacher(s):

_____	_____
_____	_____
_____	_____

I. Family Composition

Is this child your: biological child, adopted child or foster child? _____ Other? _____

With whom does this child live? _____

Who has legal custody of this child? _____

Names and ages of this child's brothers and sisters or other children in the family:

_____	_____
_____	_____
_____	_____



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II. Current Concerns

What are you most concerned about regarding your child that has led you to complete this history form?

III. Developmental and Medical Information

Pregnancy

Indicate any complications during pregnancy.

_____ Excessive vomiting. Was hospitalization required? _____

_____ Toxemia? Other illnesses? _____

_____ Smoking during pregnancy? Number of cigarettes smoked per day _____

_____ Alcohol consumption during pregnancy (if beyond an occasional drink)? _____

_____ Other drug use during pregnancy? _____

Delivery

Type Of Labor: _____ Spontaneous: _____ Induced Duration (Hours): _____

Type Of Delivery: _____ Normal _____ Breech _____ Caesarean

Complications: _____ Cord Around Neck _____ Hemorrhage _____ Infant Injured During Delivery

Other: _____

Birth Weight: _____ lbs. _____ oz.

Post Delivery Period

_____ Jaundice _____ Cyanosis (Turned Blue) _____ Incubator Care

Infection (Specify): _____



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Infancy Period

Were any of the following presents to a significant degree during the first few years of life? If so, describe:

_____ Did not enjoy cuddling. _____

_____ Was not calmed by being held or stroked. _____

_____ Difficult to comfort. _____

_____ Colic. _____

_____ Excessive restlessness. _____

_____ Excessively irritable. _____

_____ Diminished sleep. _____

_____ Frequent head banging. _____

_____ Difficulty nursing. _____

_____ Constantly into everything. _____

Developmental Milestones

Indicate below whether this child achieved the following developmental milestones at a normal age, early, or later than others his/her age.

Smiled: _____ Early _____ Normal Age _____ Later Than Normal

Sat Without Support: _____ Early _____ Normal Age _____ Later Than Normal

Crawled: _____ Early _____ Normal Age _____ Later Than Normal

Stood Without Support: _____ Early _____ Normal Age _____ Later Than Normal

Spoke First Words: _____ Early _____ Normal Age _____ Later Than Normal

Said Phrases: _____ Early _____ Normal Age _____ Later Than Normal

Said Sentences:: _____ Early _____ Normal Age _____ Later Than Normal

Bladder Trained, All Day:: _____ Early _____ Normal Age _____ Later Than Normal

Bladder Trained, At Night: _____ Early _____ Normal Age _____ Later Than Normal



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Child's Name: _____ Informant: _____ Date: _____

Bowel Trained: _____ Early _____ Normal Age _____ Later Than Normal

Rode Tricycle: _____ Early _____ Normal Age _____ Later Than Normal

Rode Bicycle (without training wheels): _____ Early _____ Normal Age _____ Later Than Normal

Buttoned Clothing: _____ Early _____ Normal Age _____ Later Than Normal

Tied Shoelaces: _____ Early _____ Normal Age _____ Later Than Normal

Named Colors: _____ Early _____ Normal Age _____ Later Than Normal

Recited Alphabet In Order: _____ Early _____ Normal Age _____ Later Than Normal

Began To Read: _____ Early _____ Normal Age _____ Later Than Normal

Medical History

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information.

Childhood diseases (age and complications if any) _____

Operations: _____

Hospitalizations: _____

Head Injuries: _____

Convulsions With Fever: _____ Without Fever _____

Coma: _____

Vision Problems: _____ Hearing Problems: _____

Allergies or Asthma: _____

Poisoning: _____ Sleep Problems: _____

Appetite: _____ Growth Problems: _____



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Child's Name: _____ Informant: _____ Date: _____

Other medical information that is relevant _____

Height: _____ Weight: _____

Present illnesses for which the child is being treated:

Psychotropic medications (stimulants, medications for ADHD, mood, anxiety medications) child has been taking or is currently taking. Include name of medication and dosing.

a. current medications: _____

b. previous medications: _____

Describe any benefit from these medications or adverse effects:

Has your child ever received treatment by a mental health professional? If so, who provided this treatment, when, and what was the purpose of the treatment?

IV. Family Information

Use the checklists below to describe any family history of psychiatric and learning problems (in child's parents, grandparents, or siblings).

Aggressiveness, defiance: _____ Not A Problem _____ A Problem (Specify Who) _____

Difficulties with attention/hyperactivity as a child: _____ Not A Problem _____ A Problem (Specify Who) _____

Learning problems: _____ Not A Problem _____ A Problem (Specify Who) _____

Failed to graduate from high school: _____ Not A Problem _____ A Problem (Specify Who) _____

Mental retardation: _____ Not A Problem _____ A Problem (Specify Who) _____



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Psychosis or schizophrenia: _____ Not A Problem _____ A Problem (Specify Who) _____

Depression: _____ Not A Problem _____ A Problem (Specify Who) _____

Anxiety: _____ Not A Problem _____ A Problem (Specify Who) _____

Tics or Tourette's syndrome: _____ Not A Problem _____ A Problem (Specify Who) _____

Alcohol abuse/substance abuse: _____ Not A Problem _____ A Problem (Specify Who) _____

Antisocial behavior (assaults, thefts, etc.): _____ Not A Problem _____ A Problem (Specify Who) _____

Arrests: _____ Not A Problem _____ A Problem (Specify Who) _____

Physical abuse/sexual abuse: _____ Not A Problem _____ A Problem (Specify Who) _____

V. School Information

List the name of each school your child has attended from preschool on.

kg: _____ 7th: _____

1st: _____ 8th: _____

2nd: _____ 9th: _____

3rd: _____ 10th: _____

4th: _____ 11th: _____

5th: _____ 12th: _____

6th: _____ After 12th: _____

In general, describe your child's performance during elementary school. Go grade by grade, if necessary, and list any outstanding strengths or problems.



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Describe your child's performance during middle school and high school. Again, go grade by grade, if necessary, and list any outstanding strengths or problems.

Has your child ever had to repeat a grade? _____ If so, which grade? _____

Has your child ever received special education services? _____ If so, what grade? _____

Does your child currently have an IEP from his/her school? _____

Does your child currently have a 504 Plan at school? _____

Describe the main focus of your child's IEP or 504 Plan (note accommodations your child is currently receiving).

Indicate if your child's teacher(s) describe any of the following as significant classroom problems.

- _____ Doesn't sit still in his or her seat
- _____ Frequently gets up and walks around the classroom
- _____ Shouts out. Does not wait his/her turn to be called on
- _____ Does not cooperate well in group activities
- _____ Typically does better in a one to one relationship
- _____ Does not respect the rights of others
- _____ Does not pay attention during lessons
- _____ Fails to finish assigned class work
- _____ Bullies other children
- _____ Is not sought out by others to play or work together
- _____ Describe any problems your child may have in school with learning
- _____ Describe any problems your child may have with homework (e.g., forgets, does not return it to school, etc.)



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VI. Child Management Techniques

When your child is disruptive or misbehaves, what steps are you likely to take to deal with the problem and how well do they work?

Describe any differences or similarities between each parent's management styles in handling disruptive behavior.

Describe what steps you might take to improve your management style in handling disruptive behavior.

VII. Strengths and Accomplishments

We realize that we have focused largely on problems that your child may be having. However, we are also quite interested in understanding your child's strengths, talents, skills, and accomplishments. Please use the space below to describe these assets and use additional pages if necessary.

