

Child Development History Record

A. Identifications

Date: _____

1. Child's name: _____ Date of Birth: _____ Age: _____
Person (s) completing this form: _____ Relationship: _____

2. Mother's name: _____ Date of Birth: _____ Age: _____
Address: _____
Currently employed: No Yes, as _____ Work phone: _____

3. Father's name: _____ Date of Birth: _____ Age: _____
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: _____ Date of Birth: _____ 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? _____

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: _____
Stayed dry all day: _____ Didn't soil his/her pants: _____ Stayed dry all night: _____
Ate with a fork: _____ Helped when being dressed: _____ Dressed self completely: _____

4. Speech/language development

Age when child said first word understandable to strangers: _____

Age when child said first sentence understandable to strangers: _____

Any speech, hearing, or language difficulties? _____

C. Health

List all childhood illnesses, hospitalizations, dedications, allergies, head trauma, 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	Reason for Leaving	With Whom	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, 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. Redisclosure or transfer is expressly prohibited by law.