Gulf Coast Behavioral CLINIC
3126 Rodd Field RD
Corpus Christi TX 78414

DEVELOPMENTAL HISTORY & CURRENT BEHAVIOR INFORMATION

Child's Name: ______________________ Date of Birth: ________
Person completing this form: __________ Date: ______________
Name of Legal Guardians: ______________________________________

Is child currently taking medication or supplements? Yes __No___
If yes, please list ____
____
____

A. Persons with whom child is living:

1. Adults:

Name	Relation to child	Marital Status

2. Children:

Name	Age	School

B. Family's Health History: If any family member (other than child) has or had illness, please indicate with a CHECK mark.

	Mother	Father	Brother	Sister	Other
Alcohol use					
Asthma					
Diabetes					
Drug use					
Emotional Problems					
Epilepsy					
Heart Trouble					
High Blood Pressure					
Kidney trouble					
Rh negative					
Severe Headaches					
Ulcers					
Other					

Name of Child/Adolescent: ______________________________________

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A. Mother's Pregnancy:

1. Was pregnancy planned and/or desired: Yes ____No_____
2. Did mother have prenatal care? Yes ____No_____
3. While mother was pregnant, did she have any of these problems?

Accidents	Fever	Kidney disease
Asthma	Financial problems	Measles
Bleeding/Spotting	Heart trouble	Pneumonia
Depression	High blood	Severe vomiting
Diarrhea	pressure	Social problems
Emotional Problems	Infections	Swelling ankles
Other ____________	Injuries	

4. Did mother take any of these medications or treatments while While pregnant? <Please circle>.

Drugs, any	Surgery	Vitamins
Iron tonic or pills	Tranquilizers	x-rays
Sleeping pills	Narcotics <opiates, Amphetamine, hallucinogens or others>	

5. Did mother drink alcohol while she was pregnant? <Please check>

Daily _________ Once a week _________Twice a week __________
Once a month _________Twice a month________ Other___________

6. Did mother smoke during pregnancy? Yes ____No_____
Less than 1 pack a day_____ One pack or more _____

D. Birth History:

1. Did any of these things happen when this child was born? <Please circle>

Baby born after miscarriage	Labor induced by shots
Baby held back	Labor less than two hours
Born not head first	Labor long or difficult
Cesarean section	Premature birth- early
Forceps used	

Details of items circled: __________________________________
____

2. Weight at birth _____ At 6 months _____
at 12 months _____ at 18 months _____

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3. Did the baby have any of these problems soon after birth? <Please circle>

Bluish skin
Blood transfusion
Breathing trouble
Bruises-head or face
Constipation
Convulsions
Diarrhea
In incubation more than one day
Infection
Injury at birth
Jaundice (yellow skin)
Unusual crying

4. Did baby eat well Yes ____ No _____
Any special problems? ____________________

____

E. Child's Growth and Development

1. Give the age at which the child:

	Age		Age
Slept all night	________	Walked	________
Rolled over	________	Spoke words	________
Sat alone	________	Spoke sentences	________
Crawled	________	Tied shoe laces	________
Cut first tooth	________	Buttoned coat	________
Weaned from bottle/breast	___	Printed words	________
Toilet trained	________		

2. Has the child had, or does he now have any of these problems? <Please circle>

	Age		Age
Allergies	________		
Asthma	________	Infections	________
Blood transfusion	________	Major Fractures	________
Convulsions	________	Menstrual Problems	________
Diabetes	________	Mumps	________
Frequent stomach aches	______	Pneumonia	________
Head injuries	________	Prolonged colic	________
Headaches	________	Prolonged high fever	________
Hearing Loss	________	Seizures	________
Heart Trouble	________	Strokes	________
Chicken Pox	________	Vision Loss	________
Measles	________	Other	________
Chronic Respiratory Ailments	________		

3. Has child ever been hospitalized? Yes ____No_____ If yes, please provide details ____________________

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4. Who took care of child during the first year? __________
Between first year and kindergarten? ______________________

F. Child's Behavior

1. What are your child's strongest points and assets and abilities? ______________________________
____

2. Please indicate which of the following descriptions fit your child by circling 1 if description occurs rarely, 2 If it occurs sometimes and 3 if item occurs frequently. If an Item does not apply, do not circle a number.

1 2 3 Trouble with eating
1 2 3 Trouble with sleeping
1 2 3 Bed wetting
1 2 3 Complains of illness of uncertain physical origin
1 2 3 Trouble with bowel control <after age 4)
1 2 3 Stuttering or stammering
1 2 3 Sucks thumb
1 2 3 Overly interested in sex
1 2 3 Bandies or plays with sex organs
1 2 3 Would rather be alone than with others
1 2 3 Keeps things to himself/herself; does not let others know how he/she feels.
1 2 3 Can't pay attention for very long at a time
1 2 3 Not interested in things around him/her; acts bored
1 2 3 Daydreams a lot
I 2 3 Acts in strange or odd ways
1 2 3 · Seems lost in a world of his/her own
1 2 3 Afraid of certain things such as dogs or the dark
1 2 3 Feels afraid all over but cannot explain why)
1 2 3 Worries a lot
1 . 2 3 Unhappy. Sad. Depressed.
1 2 3 Talks about hurting or killing him/herself tries to hurt, kill him/herself
1 2 3 Always seems tired. Does not get up and go.
L 2 3 Easily led by others. Does not stick up for him/herself
1 2 3 Tries too hard to please others.
1 2 3 Does not think he/she can do things as well as he/she actually can
1 2 3 Feels he/she is not as good as others.
1 2 3 Does not trust people or things.
1 2 3 Does not know how to have fun; Behaves like a little adult.

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1 2 3 Needs to have a "set" ways of doing things.
1 2 3 Upset by changes in usual way of doing things.
1 2 3 Cries or gets upset over little things.
1 2 3 Does not want to do what is asked of him/her. May refuse
1 2 3 Gets mixed up easily, gets easily confused.
1 2 3 Cannot relax, seems tense.
1 2 3 Cannot keep his/her mind on what he/she is doing.
1 2 3 Gets easily distracted.
1 2 3 Always on the go, cannot sit or lie still.
1 2 3 Nervous, jittery, Jumpy.
1 2 3 Acts before he/she thinks, Impulsive.
1 2 3 Gets angry easily, has a bad temper.
1 2 3 Show-off behavior, wants to be the center of attention.
1 2 3 Disobeys parents or other adults.
1 2 3 Sasses back.
1 2 3 Uses bad language.
1 2 3 Hangs out with bad companions.
1 2 3 Uses drugs.
1 2 3 Uses alcohol.
1 2 3 Does the opposite of what is asked of him/her.
1 2 3 Will not cooperate in a group. Will not do his/her part.
1 2 3 Cannot be relied upon to do things.
1 2 3 Lazy, avoids work whenever he/she can
1 2 3 Rough, loud, rowdy
1 2 3 Jealous when other children get attention.
1 2 3 Teases
1 2 3 Always tries to outdo the other person.
1 2 3 Always finding fault with everything.
1 2 3 Asks too many questions, overly curious.
1 2 3 Talks too much
1 2 3 A nuisance, annoys and bothers others.
1 2 3 Refuses or resists going to school.
1 2 3 Runs away from home, threatens to do so.
1 2 3 Tells fibs or lies
1 2 3 Stealing
1 2 3 Destroys his/her or other people's property.
1 2 3 Fighting
1 2 3 Temper Tantrums
1 2 3 Asks for help for things he/she can do for him/herself.
1 2 3 Puts off doing things, takes too long to do them
1 2 3 Cannot do things for himself/herself that most children his/her age do.
1 2 3 Clumsy, awkward, poor muscular coordination.
1 2 3 Shy, bashful
1 2 3 Self-Conscious, easily embarrassed, blushes easily.

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F. Child's Behavior <cont'd>

1	2	3	Gets his/her feelings hurt easily.
1	2	3	Has few or no friends. Cannot get along with others.
1	2	3	Cruel to animals
1	2	3	Head Banging
1	2	3	Nail biting
1	2	3	Plays with fire
1	2	3	Staring
1	2	3	Pulling Hair
1	2	3	Plays with water
1	2	3	Rocking
1	2	3	Has nightmares
1	2	3	Has falling spells

G. Child's Management:

1. How is your child disciplined? <Please circle>

Explaining to him or her   lecture   spanking
Giving him/her extra attention   restricting   staying in his/her room   grounding   ignoring him/her
sitting alone   other ____________________

2. Who takes the responsibly for the discipline of the child? <Please circle>

Mother	Grandparents	Baby sitter
Father	Brother/sister	Other relatives
Both parents	Other (who?) _____	

3. Do parents <or any other significant adults> agree on the discipline? <Please check> Yes _____ No ______ If no, why?
____

4. Child's reaction to discipline? <Please circle>

Pout	Tantrum	Walk off	Hit	Yell
Cry	Ignore	Talk back	Accept	Other ____

5. When does the child usually misbehave? ____________________

H. Child and Caretakers.

	Yes	No
Are many people involved with the care of child?	____	____
Is child left with others for long periods of time?	____	____
Do relatives strongly influence child rearing?	_____	____

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H. Child and caretakers (con't)
Is child placed in day nursery?
Is child left alone?
Does child have difficulty parting from mother and father?
Do temporary baby-sitters have trouble with child?
Is he/she frightened of new people or new conditions?

I. Play:

1. With whom does the child prefer to play? <please circle>

Adults (who) ____________________

Brother	girls	Alone
Friends his/her age	Sister	Younger friends
With large group	Older friends	Other ________
Boys	With small group	

2. What kind of play does the child like?

____

3. Describe your child's play. <please check>
_______ Jumps from one activity to another.
_______ Sticks to one activity until completed.
_______ Engages in one play activity most of the time.
_______ Often watches but does not engage in play activity.

J. School History
1. Did this child attend nursery school? Yes ____ No _____
When? ________________

2. Hs he/she ever had special help in school? Yes ____ No _____
What kind? <Please circle>
Tutoring counseling special class short day
Special Scheduling

3. Has he/she had an identified learning disability such as speech and hearing problems, reading and writing problems? <please check>

Yes ____ No _____ If Yes, when? ____________________

DEVELOPMENTAL HISTORY & CURRENT BEHAVIOR INFORMATION

School History (con't)

4. Has he/she ever failed or been held back a grade? Yes __ No ___

5. What difficulties has the child had at school that the school has brought to your attention or that you have noticed?

____
____
____
____
____

6. Has he/she had any trouble with his/her teachers? Yes __ No ___

7. What kind of grades does he/she make <please circle>

Mostly A's　　A's and B's　　B's and C's
C's and D's　　Mostly D s and F's

8. How many times has the child changed schools?
Why were the changes made?

9. Does the child like schools? Yes __ No ___

K. Family History

1. Have any of these things occurred in your family?

parents separated
child separated from parents
financial problems
moved recently
new job situation
moved frequently
death of family member
divorce
new brothers/sisters
other ______________

Please explain and give approximate dates of any items you have circled:

____
____
____
____

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K. Family History (con't)

2. Who spends more time with the child? (please check)

Mother ________ Father _________ Other______________________

3. Parent or parents out of home a great deal?

____
____
____

4. Parent or parent's job unstable?

____
____
____

5. Is there any other family situation you feel may have affected your child?

____
____
____

Thank you for completing this form!