

## Child Developmental History Record

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### A. Identifications

1. Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Person(s) completing this form: \_\_\_\_\_ Today's date: \_\_\_\_\_
2. Mother's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Currently employed:  No  Yes, as: \_\_\_\_\_ Work phone: \_\_\_\_\_
3. Father's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home phone: \_\_\_\_\_  
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: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home 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? \_\_\_\_\_

(cont.)



**D. Residences**

1. Homes

| Dates |    | Location | With whom | Reason for moving | 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, musical, 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. Rediscovery or transfer is expressly prohibited by law.*