Child Developmental History Record

A.	Identifications										
	١.	Child's name:	Birt	Age:							
		Person(s) completing this form:		Today's date:							
	2.	Mother's name:	Birthdate:	Home phone:_	Iome phone:						
		Address:									
		Currently employed: 🗆 No 🕒 Yes, as:									
	3.	Father's name:	Birthdate:	Home phone:							
		Address:			,						
		Currently employed:			ork phone:						
	4.	,	currently Married Divorced Remarried Never married codian/guardian is:								
	5.	Stepparent's name:	Birthdate:	Home phone:							
		Address:									
		Currently employed: No Yes, as:									
В.	Development Please fill in any information you have on the areas listed below.										
	١.	Pregnancy and delivery									
		Prenatal medical illnesses and health care:									
	Was the child premature? Weight and height at birth:										
	2.	The first few months of life									
		Breast-fed? If so, for how long?									
		Any allergies?									
					(cont						

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	Sleep patterns or problems:						
	Personality:						
	Milestones: At what age did this child do each of these?						
	Sat without support:	Crawled:					
	Walked without holding on:	Helped when being dressed:					
	Ate with a fork:	Stayed dry all day:					
	Didn't soil his or her pants:	Stayed dry all night:					
	Tied shoelaces: Buttoned buttons:						
4.	Speech/language development						
	Age when child said first word understandable to a stranger:						
	Age when child said first sentence understandable to a stranger:						
	Any speech, hearing, or language difficulties?						

C. Health

List all childhood illnesses, hospitalizations, medications, allergies, head injuries, important accidents and injuries, surgeries, periods of loss of consciousness, convulsions/seizures, and other medical conditions.

Condition	Age	Treated by whom?	Consequences?

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D.	Residen I. Home									
	From	То	Location	W	With whom		Reason	for moving	Any problems?	
	2. Residential placements, institutional placements, or foster care Dates							'		
	From	То	Program name or lo	cation	Reaso	Reason for placement			Problems?	
Ŀ.	Schools School (na		l (name. district. address	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. Redisclosure or transfer is expressly prohibited by law.