

Developmental History

The following questions are asked to obtain an overall understanding of yours or your child's early childhood development. Please answer the questions to the best of your knowledge. If you cannot recall, feel free to give a general response rather than no response. The idea is to acquire an overall description not an exact picture.

Neonatal: Please describe to the best of your knowledge. If known, please note any losses, accidents, changes in diet, medication, substance abuse, and the physical health of yours or your mother's during pregnancy. In addition, did you or your mother try to or wanted to abort, attempt suicide, or experience any other stressors during pregnancy?

Birth experience: Please describe it. Please list who was present during delivery. Was it a forcep or C-Section delivery? Were you or your child jaundiced at birth? Placed in an incubator? Were there any other problems noted during delivery? What was APGAR scores at 1 minute _____ and 5 minutes _____?

Feeding:

Breast-fed? If so, were there any difficulties? (Describe)

At what age did you/your child start being bottle-fed? _____

Were there any difficulties in finding a suitable formula? _____

At what age did you/your child accept solid food? _____

Which foods did you/your child eat first? _____

Did you or your child have difficulties eating or digesting food? _____

If so, which foods?

Did you or your child have a history of digestive problems?

Describe _____

Toilet training:

How old were you or your child when toilet training started? _____

What method was used? Potty seat? _____ or adult toilet? _____

What was done if you or your child was successful?

Unsuccessful? _____

At what age did you/your child stop wetting the bed at night? _____

At what age did you/your child stop wetting self during the day? _____

Do you/your child have a history of bowel problems (diarrhea constipation, hernia, etc.)? Explain

Gross motor movement: How old were you/your child when: sat up alone for a sustained period of time? _____ Crawled _____

Stood without assistance? _____ First steps? _____ Walked? _____

Did you/your child have any difficulties achieving these milestones?

(Describe)

Did you/your child have a history of physical and/or occupational therapy? _____

If so, what age _____ What kind of treatment? _____

How long was the treatment? _____

Did you/your child have a history of difficulties walking, running, or playing sports? If so, which ones?

Language: At what age did you/your child say first words? _____ What were the words? _____

Did you/your child have a history of speech or language problems? If so, what age _____ How long receive speech/language support? _____

Do you/your child still have difficulties in speaking clearly?

Fine motor movement: At what age did you/your child start to draw? _____ Write letters? _____ Write sentences? _____

Did you/your child still prefer printing to cursive writing? _____

Is it difficult to read your/your child's writing? _____

Sleep Patterns: At what age did you/your child able to sleep through the night? _____

Did you/your child still have difficulties going to sleep? _____ Staying asleep? _____ Having nightmares? _____ Describe _____

Did you/your child have a bedtime ritual? _____ Describe Time, place, etc. _____

Sensory Patterns:

Did you/your child have any history of difficulties tolerating any of the following?:

- a. Auditory (overly sensitive to sounds, loud noises, etc.) _____
- b. Visual (overly sensitive to lights, sun, snow, etc.) _____
- c. Tactile (overly sensitive to certain textures, shoes, types of clothing, etc.) _____
- d. Olfactory (overly sensitive to certain smells) _____
- e. Taste (overly sensitive to certain types of food, or try hard to avoid them) _____

What sensations are pleasant to you/your child?

What sensations are unpleasant to you/your child?

Early childhood experiences

Who was available as primary parent? _____

Describe the relationship: (close, distant, chaotic, sometimes close, and sometimes distant)

Who was available as secondary parent? _____

Describe the relationship: (close, distant, chaotic, sometimes close, and sometimes distant)

If you/your parents work, At what age did you/your mother return to work _____
_____ father return to work? _____

Who took care of you/your child while you/your mother was at work? _____

While you/your father was at work? _____

Discipline methods:

Spanking? _____ Hitting/slapping/Using a belt or paddle? _____

Withholding of privileges? _____ of approval and affection? _____

Going without eating lunch or dinner? _____ Ignored? _____

Time-out? _____ (Describe method and length of time)

Sent to your/your child's bedroom?

How did you/your child respond to the discipline?

What rewards did you/your child receive for good behavior?

What behaviors did you/your child have to do to get rewards? (Example: grades, homework, cleaning room, behavior chart for chores, etc.) Describe

Childhood Behaviors and Emotions

Did you/your child have a history of losing control? (i.e. angry outbursts, temper tantrums, holding his/her breath or other types of aggression? _____ Describe. _____

Did you/your child have a history of fears? _____ Describe

Did you/your child have a nickname?_ Name: _____

Immediate Family Constellation:

List all members who lived in your household during early childhood.

Name of Person: _____ Their date of birth _____

Age of you/your child when they joined your family? _____

Describe the relationship to you/your child (close, distant, chaotic, sometimes close, sometimes distant). Age of you/your child when they left your family? _____ What were the circumstances? _____

Name of Person: _____ Their date of birth _____

Age of you/your child when they joined your family? _____

Describe the relationship to you/your child (close, distant, chaotic, sometimes close, sometimes distant). Age of you/your child when they left your family? _____ What were the circumstances? _____

Name of Person: _____ Their date of birth _____

Age of you/your child when they joined your family? _____

Describe the relationship to you/your child (close, distant, chaotic, sometimes close, sometimes distant). Age of you/your child when they left your family? _____ What were the circumstances? _____

Name of Person: _____ Their date of birth _____

Age of you/your child when they joined your family? _____

Describe the relationship to you/your child (close, distant, chaotic, sometimes close, sometimes distant). Age of you/your child when they left your family? _____ What were the circumstances? _____

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Name of Person: _____ Their date of birth _____

Age of you/your child when they joined your family? _____

Describe the relationship to you/your child (close, distant, chaotic, sometimes close, sometimes distant). Age of you/your child when they left your family? _____ What were the circumstances? _____

Early Childhood Experience:

Describe any experiences that were upsetting such as changes, separations, losses, placements, moves, accidents.

0 to 1 year:

2 - 3 years

3 - 5 years

6-8 years

9-12 years

13-15 years

16-19 years

Any Subsequent years

School History

Preschool: Describe your/your child's preschool experience. Describe any upsetting events, changes, separations, moves, or losses during this time.

Name of School _____ Age Attended _____
Name of School _____ Age Attended _____
Name of School _____ Age Attended _____
Name of School _____ Age Attended _____

Situations:

Friends: Did you/your child prefer playing alone? _____ or with peers
older? _____ younger? _____ How many close friends did you/your child have? _____
How long were the friendships? _____

Kindergarten: Describe your/your child's school experience. Describe any upsetting events, changes, separations, moves, or losses during this time.

Name of School _____ Age Attended _____
Name of School _____ Age Attended _____

Situations:

Friends: Did you/your child prefer playing alone? _____ or with peers
older? _____ younger? _____ How many close friends did you/your child have? _____
How long were the friendships? _____

Elementary School

Describe your/your child's school experience. Describe any upsetting events, changes, separations, moves, or losses during this time.

Name of School _____ Age Attended _____

Name of School _____ Age Attended _____

Name of School _____ Age Attended _____

Name of School _____ Age Attended _____

Situations:

Friends: Did you/your child prefer playing alone? _____ or with peers

older? _____ younger? _____ How many close friends did you/your child have? _____

How long were the friendships? _____

Academics:

Did you/your child skip a grade? _____ which grade? _____

repeat a grade? _____ which grade? _____

Been suspended? _____ grade? _____ length? _____ times? _____

for what? _____

How many hours, on an average weekday, did you/your child spend studying?

each night? _____

Circle the words which best describe the grades in elementary school:

Superior/Above Average/Average/Below Average/Failing

Middle School Years

Describe your/your child's school experience. Describe any upsetting events, changes, separations, moves, or losses during this time.

Name of School _____ Age Attended _____

Name of School _____ Age Attended _____

Name of School _____ Age Attended _____

Name of School _____ Age Attended _____

Situations:

Friends: Did you/your child prefer playing alone? _____ or with peers
older? _____ younger? _____ How many close friends did you/your child have? _____
How long were the friendships? _____

Academics:

Did you/your child skip a grade? _____ which grade? _____
repeat a grade? _____ which grade? _____

Been suspended? _____ grade? _____ length? _____ times? _____
for what? _____

How many hours, on an average weekday, did you/your child spend studying?
each night? _____

Circle the words which best describe the grades in middle school:

Superior/Above Average/Average/Below Average/Failing

High School Years

Describe any upsetting events, changes, separations, moves and/or losses.

Describe your/your adolescent high school experience. Describe any upsetting
events, changes, separations, moves, or losses during this time.

Name of School _____ Age Attended _____

Name of School _____ Age Attended _____

Name of School _____ Age Attended _____

Name of School _____ Age Attended _____

Situations:

Friends: Did you/your adolescent prefer to be a loner? _____ or with peers
older? _____ younger? _____ How many close friends did you/your adolescent have
at any given time? _____ How long were the
friendships? _____

Academics:

Did you/your adolescent skip a grade? _____ which grade? _____

repeat a grade? _____ which grade? _____

Been suspended? _____ grade? _____ length? _____ times? _____

for what? _____

How many hours, on an average weekday, did you/your adolescent spend studying?
each night? _____

What grade did you/your adolescent complete?

Did you/your son/daughter attend alternative, vocational, magnet, private, or
other special schools? _____

Name of School _____ Age Attended _____

Name of School _____ Age Attended _____

What was your/your adolescent grade point average at graduation? _____

Did this include honors (i.e. accelerated) _____ or special education? _____

At what age did you/your son/daughter drive?

- a) Did he/she have any moving violations?
- b) Did he/she have any accidents?
- c) Did he/she ever total a car?
- d) Did he/she ever have your license revoked?
- e) Did he/she receive a DUI/DWI

College/University/Tech School/Graduate School:

Name of school: _____

Major _____ degree _____ year graduated _____ GPA _____

Name of school: _____

Major _____ degree _____ year graduated _____ GPA _____

Name of school: _____

Major _____ degree _____ year graduated _____ GPA _____

Name of school: _____

Major _____ degree _____ year graduated _____ GPA _____

Name of school: _____

Major _____ degree _____ year graduated _____ GPA _____

Describe any upsetting events, changes, separations, moves and/or losses.

Friends How many close friendships. How long were the friendships?

Did you join any clubs, fraternities, sororities, interest groups, sport teams?

How many hours did you study per day?

Medical History

Menstrual History during adolescents

At what age did you/your daughter start your/her period? _____

Are the periods regular? _____

Is there any pain? _____

Is/was birth control pills prescribed? _____

Did you/has your daughter had an abortion? ___If so, what age? _____

Did you/has your daughter been pregnant? ___If so, what age? _____

Did you/has your daughter had a miscarriage? ___If so, what age? _____

Illnesses during childhood/adolescents:

List illnesses that you/your son/daughter have had. State the age at which each illness occurred, how long each illness lasted, what treatment was given and if there were any unusual reactions.

Illness	Age	Treatment Given	Reaction
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Were you/your child been physically/sexually abused? If so, please describe the situation, age of onset and time-line and age the abuse ended:

List any operations you/your son/daughter have had. State the age, kind of operation, length of hospitalization, complications, etc.

<u>Operation</u>	<u>Age</u>	<u>Hospitalization</u>	<u>Complications</u>
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History of Medications during childhood/adolescents

List all the medications you/your son/daughter have had. State the age, kind of medication, reason, and duration

<u>Medication/Dosage</u>	<u>Age</u>	<u>Reason</u>	<u>Duration</u>
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Drug and Alcohol Abuse during childhood/adolescents

List alcohol and drugs you/your son/daughter have had. State the kind of alcohol/drug, age of first consumption, frequency:

Type of alcohol and drugs

<u>Type</u>	<u>How Used</u>	<u>Age</u>	<u>Started</u>	<u>Amount</u>	<u>Frequency</u>	<u>Last time used?</u>
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Legal Matters during childhood/adolescents

If you/your son/daughter have been in a treatment facility/rehabilitation program, please give the dates of admission and the reason for the admission.

If you/your son/daughter have been on probation, please provide the dates, reason, and outcome of the probation.

If you/your son/daughter have been placed in jail or prison, please provide the dates, the location of the facility, reason for incarceration and outcome of the jail/prison sentence.

Please add anything you feel is important to know about your childhood or your son/daughter which might not have been covered.