

Deerfield Township Family Counseling Center, LLC

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Child/Adolescent Developmental History

Patient Name: _____ Age: _____ Sex: _____

Date of Birth: _____ Date: _____

What was your child's birth weight?

_____ lbs. _____ oz. Unknown

Was delivery normal?

Yes Unknown

No; specify _____

Did the birth mother experience any physical or emotional problems during pregnancy?

Yes; specify _____

No Unknown

Were medications taken during pregnancy?

Yes; specify _____

No Unknown

Did the birth mother consume alcoholic beverages or abuse any street drugs during pregnancy?

Yes; specify _____

No Unknown

Did the baby experience any problems immediately after birth?

Yes; specify _____

No Unknown

Has your child ever required hospitalization?

Yes; specify _____

No Unknown

Is there any history of physical, sexual or emotional abuse?

Yes; specify _____

No Unknown

Is there a history of prolonged separations or traumatic events?

Yes; specify _____

No Unknown

At what age did your child do the following?

(Italicized areas reflect normal development)

_____ smiled (6 mths)

_____ sat alone (6 to 10 mths)

_____ talked in sentences (30 to 36 mths)

_____ walked by self (12 mths)

_____ held head up (3 to 4 mths)

_____ fed self (2yrs)

_____ crawled (6 to 10 mths)

_____ rode a bike (6 yrs)

_____ rolled over (6 mths)

_____ talked in single words (18 to 24 mths)

_____ pulled up (6 to 10 mths)

_____ established toilet training (2 ½ to 4 yrs)

How would you describe your child's approach to new situations?

Positive, jumps right in

Withdrawn, tends not to participate

Slow to warm up; cautious

How would you generally describe your child's overall mood?

Positive (happy, laughing, upbeat, hopeful)

Negative (depressed, cranky, angry, hostile)

Mixed but more positive, than negative

Mixed but more negative than positive

Which school is your child currently attending?

Is your child currently receiving special services in this school?

Yes; specify _____

No

Has your child ever failed a class or been held back for academic reasons?

Yes; specify grade: _____

No

Is your child expected to pass this school year?

Yes

No