Allyson Carlson Psy.D.
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Child Developmental History Record

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. Step Parent'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.
Pregnancy and delivery:
_____
_____
Prenatal medical illnesses and healthcare:
_____
_____

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?_____

Sleep patterns or problems:_____

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Personality:_____

3. 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?

_____
_____
_____
_____

D. Residences
1. Home(s)
Dates From/To, Location, With whom, Reason for moving, Any problems?

_____
_____
_____

2. Residential placements, institutional placements, or foster care
Dates From/To, Program name or location, Reason for placement, Problems?

_____
_____
_____

E. Schools
School (name, district, address, phone), Grade, Age, Teacher

_____
_____
_____
May I call and discuss your child with the current teacher? _ Yes _ N

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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.