DEVELOPMENTAL FORM

Patient Name: ____

Date: ________________ Form completed by: _____________________________

PREGNANCY AND BIRTH

Was this a planned pregnancy? ☐ Yes ☐ No
Was mother in good health? ☐ Yes ☐ No
If not, check below:

- ☐ Morning sickness
- ☐ Swelling
- ☐ Kidney problems
- ☐ Heart problems
- ☐ High blood pressure
- ☐ Vaginal bleeding (spotting)
- ☐ Thyroid disorder
- ☐ Diabetes
- ☐ Eating problems
- ☐ Weight problems
- ☐ Infectious disease
- ☐ Measles: kind _________
- ☐ RH or other blood problems
- ☐ Drug dependency
- ☐ Drug reaction
- ☐ X-Ray (include dental)
- ☐ Falls or injuries
- ☐ Depression
- ☐ Jittery nerves
- ☐ other

Explain and give treatment received for any of the above.

____
____

Was mother hospitalized or confined to bed during this pregnancy?
☐ Yes ☐ No
Explain: ____
____

Was delivery normal? ☐ Yes ☐ No
If not, check below:

- ☐ Early delivery ☐ Late delivery ☐ Labor induced
- ☐ Dry birth
- ☐ Caesarean Section
- ☐ Baby's position changed
- ☐ Low forceps delivery
- ☐ High forceps delivery
- ☐ Breech delivery
- ☐ Other: specify________________________________

Length of labor _____hours

BIRTH

Weight_____ Length_____ Head measure_____ Chest measures_____
Single birth _____ Twins _____ Identical _____ Fraternal _____
Other multiple birth: specify _______________________________

Was baby's condition at birth normal? ☐ Yes ☐ No
If not, check below:

- ☐ Weak birth cry
- ☐ Listless, Inactive
- ☐ Slow heartbeat
- ☐ Rapid heartbeat

- ❑ Breathing problems
- ❑ Lack of oxygen
- ❑ Blue baby
- ❑ Blood transfusion
- ❑ In incubator
- ❑ Jaundice
- ❑ Birth defect
- ❑ Feces in birth fluid
- ❑ Rh Incompatibility
- ❑ Other: specify ______________

Comments on any of the above:
____
____

APGAR score, if known:
____

Number of days in hospital: Mother _____ Baby _____

Following birth did either parent experience emotional stress?
☐ Yes ☐ No
If yes, explain:
____
____

EARLY INFANCY

Was baby's condition satisfactory during the first few weeks:
☐ Yes ☐ No If no, please check below:

- ❑ Weak suck
- ❑ Colic
- ❑ Breathing problem
- ❑ Feeding problem
- ❑ Sleeping problem
- ❑ Weak cry
- ❑ Other crying problem
- ❑ Fussy baby
- ❑ Bowel problems
- ❑ Failure to thrive
- ❑ Projectile vomiting
- ❑ Hospitalizations

Describe problems and treatment:
____
____

Was baby breast fed? ☐ Yes ☐ No
Explain any problems
____
____

Did baby make normal growth and weight gain? ☐ Yes ☐ No

DEVELOPMENTAL

Was baby responsive (cuddly, smiled, cooed, gurgled)?
☐ Yes ☐ No
Indicated in weeks, months or years when child first did the following:

Smiled ______________
Recognized mother ______________
Responded to: Affection ______________
Facial changes ______________
Voices ______________
Objects, toys ______________
Heat and cold ______________
Pain ______________
Raised head up ______________

Rolled over from stomach to back _______________
Grasped objects _______________
Sat with support _______________
Sat up alone _______________
Crawled _______________
Pulled self up from sitting to standing _______________
Stood alone _______________
Walked first steps _______________
Babbled _______________
Used jargon (sounds like speech) _______________
Said first words _______________
Used 2-3 word phrases _______________
Used sentences _______________
Used meaningful gestures to indicate wants_______________
First began to talk _______________

Comments:
____
____

Did your child fail to develop normal speech? ☐ Yes ☐ No

When did your child understand spoken language? _____months

Has your child had speech problems? ☐ Yes ☐ No
If yes, please check below:

- ❑ Speech was delayed (slow)
- ❑ Speech was not understandable
- ❑ Stopped talking after speech started
- ❑ Uses mostly grunts or special sounds
- ❑ Repeats over and over the same sounds, words, phrases, or sentences (echolalia)
- ❑ Avoids talking to other people
- ❑ Stutters or stammers

Has your child had hearing problems? ☐ Yes ☐ No
If yes, please explain:
____
____

Has your child had vision problems? ☐ Yes ☐ No
If yes, please explain:
____
____

At what age did child accomplish the following:
Bladder training ___________
Bowel training ___________
Feeding self ___________
Dressing self ___________

Check problems below in bowel or bladder control:
- ❑ Has physical defect
- ❑ Soils pants
- ❑ Wets pants
- ❑ Has constipation problems
- ❑ Has diarrhea
- ❑ Has peculiar toilet habits

❑ Soils bed
❑ Other: specify ______________

Comments:____
____

Check problems in any of the following areas:

❑ Balance
❑ Walking
❑ Running
❑ Holding pencil or crayon
❑ Holding spoon
❑ Cutting with scissors

Is your child:

❑ Right-handed
❑ Left-handed
❑ Both
❑ I don't know

Does your child have excessive fears? ☐ Yes ☐ No
Please explain:
____
____

Have there been incidents which seemed to be traumatic or terrifying to your child? ☐ Yes ☐ No
Please explain (include duration, age at time of incident, and child's reaction to incident):
____
____

Has your child had any of the following habits or mannerisms?
☐ Yes ☐ No

	Age
❑ Peculiar hand movements	_____
❑ Peculiar sounds	_____
❑ Flushing toilet repeatedly	_____
❑ Compulsive water play	_____
❑ Tics, facial twitches, involuntary grunts or sounds	_____
❑ Other involuntary movements	_____
❑ Periods of withdrawal	_____
❑ Obsession or extreme preoccupation with one activity	_____
❑ Rocking	_____
❑ Unusual rituals	_____
❑ Head banging	_____
❑ Obsessive cleanliness	_____
❑ Bad dreams or nightmares	_____

RELATIONSHIPS

Is your child affectionate? ☐ Yes ☐ No
If no, please explain:
____
____

Is your child generally cooperative? ☐ Yes ☐ No
If not, please explain:
____
____

Does your child seem insecure? ☐ Yes ☐ No
If yes, please check below:

❑ Excessively jealous of brothers and sisters

- ❑ Fear separating from parents
- ❑ Constantly seeks attention
- ❑ Too shy
- ❑ Consistently seeks reassurance
- ❑ Fears new experience
- ❑ Cannot hold his/her own with peers
- ❑ Afraid of adults

Does your child make friends? ☐ Yes ☐ No
If no, please explain:
____
____

Does your child have conflicts with other children or adults?
☐ Yes ☐ No
If yes, please check below:

- ❑ Poor at games
- ❑ Teased by others
- ❑ Taken advantage of
- ❑ Excluded by other children
- ❑ Refuses to play with other children
- ❑ Blames other children
- ❑ Impudent or sassy to adults
- ❑ Disobedient
- ❑ Attacks other children
- ❑ Torments other children
- ❑ Has tantrums/loses temper
- ❑ Too bossy
- ❑ Insists on having own way
- ❑ Ignores other children
- ❑ Disliked in neighborhood
- ❑ Difficult to manage

Additional explanations or comments:
____
____

SCHOOL

List all schools attended, specify grade placement for each:

Has your child had problems at school? ☐ Yes ☐ No
If yes, please check below:

- ❑ Daydreaming
- ❑ Behavior problems
- ❑ Frequent absences
- ❑ Fear of school
- ❑ Refusal to attend school
- ❑ Learning problems
- ❑ Poor marks
- ❑ Disobedience
- ❑ Conflicts with teacher
- ❑ Problems with peers

Describe problems and give grades they occurred:
____
____
____
____

Has your child ever been retained or repeated a grade?
☐ Yes ☐ No

Please explain:
____
____

Additional comments:
____
____

MEDICAL INFORMATION

Does your child now take medicine of any kind? ☐ Yes ☐ No
What kind? ____________________________ How much? __________________
What for? ______________________________ How long? __________________
____

Is he/she allergic to any medicines? ☐ Yes ☐ No
List and explain:
____
____

Check any of the following your child has had:

	Age
❑ Chicken pox	_____
❑ Red Measles	_____
❑ Mumps	_____
❑ Whooping cough	_____
❑ Scarlet Fever	_____
❑ Frequent fevers	_____
❑ Frequent or severe headaches	_____
❑ Dizzy spells	_____
❑ Nosebleeds	_____
❑ Breathing problems	_____
❑ Chest pain	_____
❑ Vomiting	_____
❑ Stomach upsets or pain	_____
❑ Frequent diarrhea	_____
❑ Constipation	_____
❑ Blood in stool	_____
❑ Worms	_____
❑ Bladder problems	_____
❑ Vaginal discharge	_____
❑ Vaginal bleeding	_____
❑ Encephalitis	_____
❑ Polio	_____
❑ Diphtheria	_____
❑ Heart Murmur	_____
❑ Other chronic medical conditions	_____
❑ Asthma	_____
❑ Eczema	_____
❑ Hay fever	_____
❑ Hives	_____
❑ Allergies	_____
❑ Skin problems	_____

Visual problems: specify
____
Hearing problems: specify
____

Other: specify ____

Has your child had any serious illnesses? ☐ Yes ☐ No
Explain each, give date or age, duration and medications given:
____
____

Has your child had any significant injuries or accidents? ☐ Yes ☐ No
Please explain each and give dates:
____
____

Was child unconscious? ☐ Yes ☐ No
Has your child been hospitalized? ☐ Yes ☐ No
Please explain and give dates:
____
____

Has your child had surgery? ☐ Yes ☐ No
Please explain and give dates:
____
____

Does your child have allergies? ☐ Yes ☐ No
Please explain:
____
____

Has your child ever had fainting, fits, seizures, convulsions or momentary staring or rolling back of the eyes? ☐ Yes ☐ No
Please explain:
____
____
At what age?____________Does the condition still exist? _______________

Has your child ever had blood transfusions? ☐ Yes ☐ No
If yes, when:____
Why? ____

Check any of the following conditions in your family:

- ❑ Allergies
- ❑ Arthritis
- ❑ Asthma
- ❑ Alcoholism
- ❑ Brain damage
- ❑ Cancer
- ❑ Diabetes
- ❑ Drug addiction
- ❑ Hearing defect
- ❑ Heart disease
- ❑ Kidney disease
- ❑ Liver disease
- ❑ Mental Retardation
- ❑ Muscle disease
- ❑ Physical disability
- ❑ Migraine
- ❑ Psychosis (mental illness)
- ❑ Thyroid Disorder
- ❑ Tuberculosis
- ❑ Convulsions
- ❑ Visual defect
- ❑ Abnormalities: specify ______________________

HABITS

- ❑ Sleep problems
- ❑ Bed-wetting
- ❑ Soiling
- ❑ Eating problems
- ❑ Nail-biting
- ❑ Thumb-sucking
- ❑ Hair-pulling
- ❑ Tics, twitching, blinking
- ❑ Masturbation
- ❑ Physical complaints
- ❑ Head Banging
- ❑ Rituals
- ❑ Obsessive cleanliness
- ❑ Rocking
- ❑ Headaches
- ❑ Stuttering
- ❑ Stammering
- ❑ Drug use

SCHOOL

- ❑ Reading problems
- ❑ Poor concentration
- ❑ Learning problems
- ❑ Problems studying
- ❑ Underachievement
- ❑ Boredom
- ❑ Afraid of school
- ❑ Cannot follow directions

BEHAVIOR

- ❑ Poor sense of right and wrong
- ❑ Does not respect authority
- ❑ Fights
- ❑ Cheats
- ❑ Steals
- ❑ Lies
- ❑ Tantrums
- ❑ Destructive
- ❑ Skips school
- ❑ Mistreats other children
- ❑ Sets fires
- ❑ Runs away
- ❑ Rages
- ❑ Quarreling
- ❑ Rebellious
- ❑ Classroom behavior problem
- ❑ Lacks initiative
- ❑ Accident-prone

DEVELOPMENT

- ❑ Health problems
- ❑ Poor coordination
- ❑ Delayed development
- ❑ Speech problems
- ❑ Hearing problems
- ❑ Vision problems
- ❑ Physical handicap

RELATIONSHIPS

- ❑ Clinging
- ❑ Demanding
- ❑ Dislikes mother
- ❑ Dislikes father
- ❑ Jealous of brother/sister
- ❑ Shy
- ❑ Dislikes self
- ❑ Bossy
- ❑ Ignores others
- ❑ Does not get along with teach
- ❑ Difficulty making and keeping friends

EMOTIONS

- ❑ Sad or depressed
- ❑ Angry
- ❑ Fearful
- ❑ Withdrawn
- ❑ Over-anxious
- ❑ Unhappy
- ❑ Sullen
- ❑ Cries easily
- ❑ Sensitive
- ❑ Daydreams
- ❑ Imagines things
- ❑ Bad dreams or nightmares
- ❑ Hallucinations
- ❑ Loses temper
- ❑ Preoccupied
- ❑ Humorless

- ❑ Overactive
- ❑ Lazy
- ❑ Blames others
- ❑ Wanders off
- ❑ Unreliable
- ❑ Irresponsible
- ❑ Easily frustrated
- ❑ Unpredictable
- ❑ Cruel to animals
- ❑ Perseveration
- ❑ Short attention span
- ❑ Compulsive
- ❑ Immature
- ❑ Manipulates

COMMENTS:
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