

## DEVELOPMENTAL HISTORY

Name of Client: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Informant: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

### Mother's health during pregnancy:

Good  Fair  Poor

Any Illness/complications during pregnancy (e.g., Rh negative, toxemia, diabetes)  Yes  No. If Yes, list: \_\_\_\_\_

During pregnancy, was mother on medication?  Yes  No. If yes, what type? \_\_\_\_\_

During pregnancy, did mother smoke?  Yes  No. If yes, how much? \_\_\_\_\_

During pregnancy, did mother drink alcohol?  Yes  No. If yes, list quantity/frequency: \_\_\_\_\_

During pregnancy, did mother use drugs?  Yes  No. If yes, what type? \_\_\_\_\_

### Delivery:

Was baby premature?  Yes  No. Length of pregnancy (months) \_\_\_\_\_

Type of Delivery:  Vaginal  Ceaserean Birth Weight: \_\_\_\_\_

Were there any complications/special procedures with delivery?  Yes  No. If Yes, list: \_\_\_\_\_

Child's condition after birth: \_\_\_\_\_

### Early Development:

Were there any feeding problems?  Yes  No. If yes, describe: \_\_\_\_\_

Were there any sleeping problems?  Yes  No. If yes, describe: \_\_\_\_\_

Were there any special problems in the growth and development of the child during the first few years?  Yes  No. If yes, describe: \_\_\_\_\_

Were there any unusual childhood illnesses?  Yes  No. If yes, describe: \_\_\_\_\_

Was the child raised by parents?  Yes  No. If no, specify: \_\_\_\_\_

Any long separations from the primary caregiver?  Yes  No. If yes, describe: \_\_\_\_\_

Any childcare difficulties?  Yes  No. If yes, describe: \_\_\_\_\_

*The following is a list of infant and preschool behaviors. Please indicate the age at which your child first demonstrated each behavior. If you are not certain of the age, but have some idea, write the age followed by a question mark. If you don't remember the age at which the behavior occurred, please write a question mark.*

| Behavior     | Age   | Behavior                   | Age   |
|--------------|-------|----------------------------|-------|
| Rolled over  | _____ | Spoke first word           | _____ |
| Sat alone    | _____ | Put several words together | _____ |
| Crawled      | _____ | Became toilet trained      | _____ |
| Walked alone | _____ | Stayed dry at night        | _____ |