



## Developmental & Family History

Today's date \_\_\_\_\_

Client's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

### Child Development

Was the mother's pregnancy normal? \_\_\_\_\_

If not, explain complications \_\_\_\_\_  
\_\_\_\_\_

Did the mother experience miscarriage(s)? \_\_\_\_\_

If so, when? \_\_\_\_\_

Was the child's birth normal? \_\_\_\_\_

If not, explain complications \_\_\_\_\_  
\_\_\_\_\_

Please list the age that the following developmental milestones were reached:

Rolling over \_\_\_\_\_

Gesturing (waving) \_\_\_\_\_

Sitting up \_\_\_\_\_

First words \_\_\_\_\_

Smiling \_\_\_\_\_

First sentence \_\_\_\_\_

Babbling \_\_\_\_\_

First steps \_\_\_\_\_

Pointing at objects \_\_\_\_\_

Toilet training \_\_\_\_\_

### Medical History

Has your child ever been seriously injured? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_

Date of last physical exam \_\_\_\_\_ Findings: \_\_\_\_\_

Has your child had recurring ear infections or other medical condition? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has your child ever been hospitalized or had surgery? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Current medications: \_\_\_\_\_

Name of prescribing physician: \_\_\_\_\_

Has your child ever had a psychological evaluation? \_\_\_\_\_

If yes, please provide a copy of the report.

Has your child ever been diagnosed with a psychiatric disorder or medical condition?

If yes, please list: \_\_\_\_\_

Has you child ever been prescribed medication for above? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Is your child currently working with any other professional? \_\_\_\_\_

If yes, please list \_\_\_\_\_

### Family History

Is there any history of drug/alcohol abuse in the family? \_\_\_\_\_

Is there any history of domestic violence? \_\_\_\_\_

Is there any history of mental illness in the family? \_\_\_\_\_

Has either parent been married before? \_\_\_\_\_

Are there children from prior marriages? \_\_\_\_\_

Does your family have any religious or spiritual affiliation? \_\_\_\_\_

Are any other family members currently having problems? \_\_\_\_\_

\_\_\_\_\_

Please check any of the below that have occurred in the last year:

\_\_\_\_\_ There has been a new sibling added to the family.

\_\_\_\_\_ The child's mother/father moved out of the home.

\_\_\_\_\_ A parent recently married.

\_\_\_\_\_ A loved one died.

\_\_\_\_\_ We have moved.

\_\_\_\_\_ There has been a divorce.

\_\_\_\_\_ The child's custody arrangement has changed.

\_\_\_\_\_ My child has started / changed schools.

Please add any other changes in your child's life:

\_\_\_\_\_

\_\_\_\_\_

Please write about your child's strengths and likes. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please write about your child's needs and dislikes. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How is your child's current school performance? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How is your child sleeping? \_\_\_\_\_

How is your child's appetite? \_\_\_\_\_

How is your child doing with friendships? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What activities or interests is your child involved in? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe the current problem or issue that brings you and your child to seek counseling. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list five specific signs that will tell you the problem is solved or better:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Please add any other information you would like me to know: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_