

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Childhood Developmental History

(Please complete if client is 18 years old or younger)

1). Please list any allergic reactions to things the client may have:

\_\_\_\_\_

2). List any significant injuries while growing up?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3). List any ***past or present*** serious health diseases? (chicken pox, whooping cough, pneumonia, etc..)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4). List any ***past or present*** chronic health problems (asthma, ear infections, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5). List any hospitalizations and briefly explain the reason why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6). Were developmental milestones met appropriately? Yes  No  (If No then identify what delays occurred):

\_\_\_\_\_

\_\_\_\_\_

7). What type of social interaction does your child engage in?

- Normal       Isolates self       Very Shy       Alienates Self       Dominates others  
 Inappropriate Sex play       Associates with acting out peers       Other \_\_\_\_\_

8). Does your child have any intellectual / academic disabilities?

- Normal Intelligence     High Intelligence       Learning Problems     Underachieving  
 Authority conflicts     Attention conflicts     mild retardation       Moderate  
retardation  
 Severe Retardation     Other \_\_\_\_\_

9). Does or has your child exhibited any of the following emotional/behavioral problems? (Please check all that apply)

- |                                         |                                                 |                                                 |
|-----------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> None           | <input type="checkbox"/> Repeats words of other | <input type="checkbox"/> distrustful            |
| <input type="checkbox"/> Drug use       | <input type="checkbox"/> Not trustworthy        | <input type="checkbox"/> extreme worrier        |
| <input type="checkbox"/> Alcohol abuse  | <input type="checkbox"/> hostile/angry mood     | <input type="checkbox"/> self-injurious acts    |
| <input type="checkbox"/> Chronic Lying  | <input type="checkbox"/> indecisive             | <input type="checkbox"/> impulsive              |
| <input type="checkbox"/> Stealing       | <input type="checkbox"/> immature               | <input type="checkbox"/> easily distracted      |
| <input type="checkbox"/> Violent temper | <input type="checkbox"/> bizarre behavior       | <input type="checkbox"/> poor concentration     |
| <input type="checkbox"/> Fire-setting   | <input type="checkbox"/> self-injurious threats | <input type="checkbox"/> often sad              |
| <input type="checkbox"/> Hyperactive    | <input type="checkbox"/> frequently tearful     | <input type="checkbox"/> breaks things in anger |
| <input type="checkbox"/> Animal cruelty | <input type="checkbox"/> lack of attachment     | <input type="checkbox"/> Assaults others        |
| <input type="checkbox"/> Disobedient    |                                                 |                                                 |
| <input type="checkbox"/> Other _____    |                                                 |                                                 |