**Developmental History Form**

(Confidential)

Date:

Child’s name:

Age:

Date of Birth:

Siblings’ Names and Dates of Birth

Parents’ Names:

Ages:

Occupations:

Address:

Phone:

Home

MCell

DCell

Email:

Parents’ Families:

Significant Medical and/or Psychiatric History:

**Current Functioning and History**

Reason for Consultation:

Relationship with Mother:

Relationship with Father:

Other/Adults:

Siblings:

Peers:

Favorite Activities, Hobbies and Interests:

Pregnancy and Birth:

Description of Child as Infant:

Description of Child as Toddler:

Sleep:

Self-Care, Including Toilet Mastery:

Eating:

Play:

Milestones (smiling, sitting, playing, crawling, walking, talking):

Health:

Accidents, Illnesses, Operations, Hospitalizations:

Primary Caretakers:

Separations and Losses:

Day Care:

Nursery School:

Elementary School:

Secondary School:

Any Additional Information: