SCRIPPS RANCH CENTER FOR BEHAVIORAL HEALTH

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CHILDHOOD DEVELOPMENTAL HISTORY FORM

Child's Name: _____ Birth date: _____ Sex:_____
Home Address: _____ School/Grade: _____
Home Phone:_____ Parent Cell Phone: _____

Child is presently living with:
____ Biological Mother/Father ____ Biological Grandparents
____ Stepmother/Father ____ Adopted Mother/Father

Please list any nonresidential adults who are currently involved with this child on a regular basis:
_____
Source of Referral/Name:_____ Phone: _____

Briefly state the main concerns related to this child/teen: _____
_____
_____
_____

PARENTS

Mother: _____ Occupation: _____
Home Phone:_____ Work Phone:_____ Cell Phone: _____
Age:_____ Age at time of pregnancy with child: _____
Education/Highest grade level completed: _____

Please describe any learning, attention or behavior problems you may have experienced in school:
_____
_____

Medical/Health Problems: _____
_____

Please list any blood relatives that have experienced any problems similar to those that your child is having (if any): _____
_____

Father: _____ Occupation:_____
Home Phone:_____ Work Phone:_____ Cell Phone:_____
Age:_____ Age at time of pregnancy with child: _____
Education/Highest grade level completed: _____

Please describe any learning, attention or behavior problems you may have experienced in school:
_____
_____

Parents (Continued)
Medical/Health Problems: _____
_____

Please list any blood relatives that have experienced any problems similar to those that your child is having (if any): _____
_____

Siblings

	Name	Age	Medical, Social or School Problems
1.			
2.			
3.			
4.			

Pregnancy Complications
Excessive Vomiting _____ Hospitalization Required _____ Threatening Miscarriage _____
Infections (specify) _____ Toxemia _____ Operations (specify) _____
Other Illnesses _____
Smoking during pregnancy (Y/N) _____ No. of cigarettes per day _____
Alcohol consumption during pregnancy _____ No. of drinks per day _____
Medications taken during pregnancy _____
X-rays taken during pregnancy _____
Duration of pregnancy (weeks) _____ Birth Weight _____

Delivery
Type of labor: Spontaneous_____ Induced_____ Duration (hours) _____
Type of delivery: Normal _____ Breech _____ Caesarean _____
Complications: Hemorrhage _____ Cord Around Neck _____ Other _____

Post Delivery
Jaundice _____ Cyanosis (turned blue) _____ Incubator _____ Infection (specify) _____

Infancy
Were any of the following present, to a significant degree, during the first few years?
Did not enjoy cuddling _____
Was not easily calmed by being held or stroked _____
Difficult to comfort _____
Colic _____ Excessive restlessness _____
Excessive irritability _____
Sleep problems _____
Frequent head banging _____
Difficulty nursing _____
Constantly into everything _____

Temperament
Please rate the following behaviors your child exhibited during infancy and as a toddler:
Activity level: Underactive 0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Overactive
Distractibility: Highly focused 0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Highly distracted
Adaptable (reaction to change/transitions) Easy 0...1...2...3...4...5...6...7...8...9...10 Difficult
Reactions-new people/events: Calm 0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Overreacts
Mood: Relaxed/Calm 0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Irritable/Angry

Medical History
If your child's medical history includes any of the following, please indicate the age and information.

Childhood diseases_____
Hospitalizations_____
Head injuries_____
Convulsions (with/without fevers)_____
Coma_____
Persistent high fevers_____
Eye problems_____ Ear problems_____
Tics (any repetitive, non-purposeful movements)_____
Allergies or Asthma_____
Poisonings_____
Sleep Patterns: Does your child...
Settle down easily to sleep?_____
Sleep through the nigh without disruption?_____
Experience nightmares, night terrors, sleep walking/talking?_____
Sleep restlessly?_____ Snore?_____
Appetite: Describe your child's appetite and eating habits _____
_____

Present Medical Status
Height _____ Weight _____Ongoing Medications_____
Present illnesses for which the child is being treated _____
Physician who follows _____

Developmental Milestones
If possible, note the ages at which your child reached the following developmental milestones.

	Age	Early	Average	Late (check one)
Smiled				
Sat with support				
Crawled				
Stood with support				
Walked without assistance				
Spoke first word				
Said sentences				
Potty trained, day				
Potty trained, night				
Rode bicycle (without training wheels)				
Buttoned clothes				
Tied shoelaces				
Named coins				
Said alphabet in order				
Began to read				

Coordination: Rate your child on the following skills:

	Good	Average	Poor		Good	Average	Poor
Walking				Tying shoelaces			
Running				Buttoning			
Throwing				Writing			
Catching				Athletics/Sports			

School History

Were you concerned about your child's ability to transition and succeed in pre-school or kindergarten? If so, please explain: _____

_____

Rate your child's school related ACADEMIC learning: Good Average Poor

Nursery school_____

Kindergarten_____

Current grade_____

To the best of your knowledge, at what grade is your child functioning?

Reading _____ Spelling _____ Arithmetic _____ Writing _____

Please list any additional services your child is receiving currently (speech, counseling): _____

_____

Briefly describe any academic or school problems: _____

_____

_____

Please rate your child's school experience related to BEHAVIOR:

Good Average Poor

Pre-school_____

Kindergarten_____

Current grade_____

Have past or current teachers described the following behaviors? (Check those that apply):

¬ Doesn't sit still in seat_____

¬ Frequently gets up and walks around classroom_____

¬ Shouts out without raising hand_____

¬ Struggles to wait for his/her turn_____

¬ Doesn't cooperate well in group activities_____

¬ Typically performs better in one-to-one relationships_____

¬ Doesn't seem to respect others' rights_____

¬ Struggles to pay attention to instructions/show and tell situations_____

¬ Makes careless errors/Fails to pay close attention to details_____

¬ Other classroom behavior difficulties_____

_____

As best you can, please use the following space to provide a general description of your child's school progress in each level. (Use the back of this form if extra space is needed).

Pre-school/Kindergarten:_____

_____

Elementary:_____

_____

Secondary:_____

_____

Peer Relationships

Does your child seek friendships with his/her peers?_____

Do other children seek out your child's friendship?_____

Who does your child prefer to play with? Older kids_____Younger kids_____ Peers_____

Briefly describe any social/peer problems your child seems to have _____

_____

_____

Home Behavior

All children exhibit, to some extent, the behaviors listed below. Check those behaviors that apply to your child in excess or in exaggeration, when compared to other children of similar age.

___ Fidgets with hands, feet or squirms in seat_____
___ Easily distracted by extraneous stimulation_____
___ Has difficulty awaiting his/her turn in games_____
___ Blurts out responses to questions that have not completely been asked_____
___ Has problems following through with instructions (not due to opposition)_____
___ Struggles to pay attention during activities/games_____
___ Shifts from one unfinished activity to the next_____
___ Struggles to play quietly_____
___ Often talks excessively_____
___ Interrupts or intrudes on others (not purposely but impulsively)_____
___ Does not seem to listen when spoken to directly_____
___ Often loses necessary things for activities/games/projects_____
___ Boundless energy/acts as if driven by motor_____
___ Impulsive/acts before thinking_____
___ History of temper tantrums/outbursts_____
___ Easily frustrated_____
___ Poor/sloppy table manners_____
___ Tendency to have physical conflicts with other children_____
___ Accident prone_____
___ Doesn't seem to learn from mistakes_____
___ Poor memory_____

How well does your child work for short-term rewards?_____
How well does your child work for long-term rewards?_____
Does your child seem to create more problems, either intentional or not, within the home than his/her siblings? _____
_____
Does your child seem to learn from his/her mistakes or past experiences? _____
_____
Types of discipline you use with your child: _____
_____
Which disciplinary techniques seem to work best/are most effective? _____
_____

Interests and Accomplishment

Hobbies/Talents:_____
Greatest accomplishments/rewards:_____
Favorite activities:_____
What qualities/behaviors do you like most in your child?_____
_____

What qualities/behaviors concern you the most?_____
_____
_____

(Please note any other pertinent information on the back of this page)