

Child's Name: _____

Parent's Name: _____

Please list your major concerns at this time.

- 1.
- 2.
- 3.
- 4.
- 5.

I. DEVELOPMENTAL FACTORS

1. Mother's health during the pregnancy was Good ___
Fair ___
Poor ___
DK ___

2. How old was the mother when the child was born? _____

3. Did you use any of the following substances or medications during the pregnancy?

- Alcohol _____
- Caffeine (coffee, tea, Cokes, etc.) _____
- Nicotine _____
- Prescription or other Drugs _____
- Valium (Librium, Xanax) _____
- Tranquilizers _____
- Antiseizure medications (e.g., Dilantin) _____
- Treatment for Diabetes _____
- Antibiotics (for viral infections) _____
- Sleeping pills _____
- Other (please specify): _____

4. Was (s)he born on schedule? Yes _____ No _____ (specify)

5. What was the duration of labor? _____ Hours

6. Were there indications of fetal distress during labor or during birth? Yes ___
No ___
DK ___

7. Delivery was (circle one) Normal Breech Caesarian Forceps Induced

8. What was the child's birth weight? _____

9. Were there any health complications following birth? No ___
If yes, specify: Yes ___
10. Were there early infancy feeding problems? No ___
Yes ___
11. Was the child colicky? No ___
Yes ___
12. Were there early infancy sleep pattern difficulties? No ___
Yes ___
13. Was (s)he a cuddly baby? No ___
Yes ___
14. Were there problems with the infant's responsiveness (alertness)? No ___
Yes ___
15. Did the child experience any health problems during infancy? No ___
Yes ___
16. Was the child an easy baby? That is did (s)he cry a lot? Very easy ___
Did (s)he follow a schedule fairly well? Average ___
Very Difficult ___
17. How did the baby behave with other people? More sociable than average ___
Average sociability ___
More unsociable than average ___
18. When (s)he wanted something, how insistent was (s)he? Very insistent ___
Average ___
Not at all insistent ___
19. How would you rate the activity level of the child as an infant/toddler? Very active ___
Average ___
Not active ___
20. At what age did (s)he sit up? 3-6 mos. ___
7-12 mos. ___
Over 12 mos. ___
21. At what age did (s)he crawl? 6-12 mos. ___
13-18 mos. ___
Over 18 mos. ___
22. At what age did (s)he walk? Under 1 yr ___
1-2 yr ___

- 2-3 yr _____
23. At what age did (s)he speak single words
(other than “mama” or “dada”)?
- 9-13 mos. _____
14-18 mos. _____
19-24+ mos. _____
24. At what age did (s)he string two or more words together?
- 9-13 mos. _____
14-18 mos. _____
19-24 mos. _____
25-36+ mos. _____
25. At what age was (s)he toilet-trained? (Bladder control)
- Under 1 yr. _____
1-2 yr _____
2-3 yr _____
3-4 yr _____

II. MEDICAL HISTORY

26. How would you describe his/her health up to this point?
- Good _____
Fair _____
Poor _____
27. Does the child have any congenital problems or chronic illness?
- No _____
Yes _____
- Which of the following illnesses has the child had?
(Check any that apply.)
- Mumps _____
Chicken pox _____
Measles _____
Whooping Cough _____
Scarlet fever _____
Pneumonia _____
Encephalitis _____
Otitis media _____
Lead Poisoning _____
Seizures _____

Other diseases (specify): _____

28. Has the child had any accidents resulting in the following?
(Check any that apply and describe in the space below.)
- Broken bones _____
Severe lacerations _____
Head injury _____
Severe bruises _____
Stomach pumped _____
Eye injury _____
Lost teeth _____
Sutures _____

Other (specify): _____

29. Has (s)he ever had surgery for any of the following conditions?
(Check any that apply.)
- | | |
|-----------------------------|-----|
| Tonsillitis | ___ |
| Adenoids | ___ |
| Hernia | ___ |
| Appendicitis | ___ |
| Eye, ear, nose, &
throat | ___ |
| Digestive disorder | ___ |
| Urinary tract | ___ |
| Leg or arm | ___ |
| Burns | ___ |

Other (specify): _____

30. Has the child ever been prescribed any of the following?
(Check any that apply—note **age** and **duration**.)
- | | |
|---------------------------------------|-----|
| Ritalin | ___ |
| Tranquilizers | ___ |
| Dexedrine | ___ |
| Cylert | ___ |
| Anticonvulsants | ___ |
| Antihistamines | ___ |
| Other prescription
drugs (specify) | ___ |

31. How is his/her hearing?
When was it last tested? _____
- | | |
|------|-----|
| Good | ___ |
| Fair | ___ |
| Poor | ___ |

32. How is his/her vision?
When was it last tested? _____
- | | |
|------|-----|
| Good | ___ |
| Fair | ___ |
| Poor | ___ |

33. How is his/her large motor coordination?
(jumping, skipping, throwing a ball, riding a bicycle)
- | | |
|------|-----|
| Good | ___ |
| Fair | ___ |
| Poor | ___ |

34. How is his/her fine motor coordination?
(working puzzles, using crayons, scissors)
- | | |
|------|-----|
| Good | ___ |
| Fair | ___ |
| Poor | ___ |

35. How is his/her speech articulation?
Has (s)he had speech therapy? _____
- | | |
|------|-----|
| Good | ___ |
| Fair | ___ |
| Poor | ___ |

36. Has the child ever had any form of
psychological treatment? If so, when and why? _____