

The Center for Psychological Counseling Services, Inc.

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Child/Adolescent Developmental History

Patient name: _____ Age: _____ Sex: _____ Provider: _____

Date of birth: _____ Date: _____

What was your child's birth weight?

_____ lbs. _____ oz. Unknown

Was delivery normal?

Yes Unknown
 No, specify _____

Did the birth mother experience physical or emotional problems during pregnancy?

Yes, specify _____

 No Unknown

Were medications taken during pregnancy?

Yes, specify _____

 No Unknown

Did the birth mother consume alcoholic beverages or abuse street drugs during pregnancy?

Yes, specify _____

 No Unknown

Did the baby experience problems immediately after birth?

Yes, specify _____

 No Unknown

Has your child ever required hospitalization?

Yes, specify _____

 No Unknown

Is there a history of physical, sexual or emotional abuse?

Yes, specify _____

 No Unknown

Is there a history of prolonged separations or traumatic events?

Yes, specify _____

 No Unknown

At what age did your child do the following?

(Italicized areas reflect normal development)

_____ smiled *(6 months)*
_____ sat alone *(6 to 10 months)*
_____ talked in sentences *(30 to 36 months)*
_____ walked alone *(12 months)*
_____ held head up *(3 to 4 months)*
_____ fed self *(2 years)*
_____ crawled *(6 to 10 months)*
_____ rode a bike *(6 years)*
_____ rolled over *(6 months)*
_____ talked in single words *(18 to 24 months)*
_____ pulled up *(6 to 10 months)*
_____ established toilet training *(2½ to 4 years)*

How would you describe your child's approach to new situations?

Positive, jumps right in
 Withdrawn, tends not to participate
 Slow to warm up, cautious

How would you generally describe your child's overall mood?

Positive (happy, laughing, upbeat, hopeful)
 Negative (depressed, cranky, angry, hostile)
 Mixed but more positive than negative
 Mixed but more negative than positive

What school is your child currently attending?

Is your child currently receiving special services in this school?

Yes, specify _____

 No

Has your child ever failed a class or been held back for academic reasons?

Yes, specify grade: _____
 No

Is your child expected to pass this school year?

Yes
 No

Provider Signature: _____

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