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CHILD/ADOLESCENT DEVELOPMENTAL HISTORY RECORD

Identifications

Child's Name: _____

Birthdate: ____/____/____ Age: _____

Person(s) completing this form: _____

Today's date: ____/____/____

Mother's name: _____

Birthdate: ____/____/____

Home phone: (____) _____ - _____ Work phone: (____) _____ - _____

Address: _____

Currently Employed? Yes No, Position? _____

Father's name: _____

Birthdate: ____/____/____

Home phone: (____) _____ - _____ Work phone: (____) _____ - _____

Address: _____

Currently Employed? Yes No, Position? _____

Parents are currently: Married Divorced Remarried Never married Other

Child's custodian/guardian is: _____

Stepparent's name: _____

Birthdate: ____/____/____

Home phone: (____) _____ - _____ Work phone: (____) _____ - _____

Address: _____

Currently Employed? Yes No, Position? _____

Development

Please fill in any information you have on the areas listed below

1. **Pregnancy and delivery**

Prenatal medical illnesses and health care: _____

Was the child premature? _____

Weight and height at birth: _____

Any birth complications or problems? _____

2. **The first few months of life**

Breast-fed? Yes No If so, for how long? _____

Any allergies? _____

Sleep patterns or problems: _____

Personality: _____

3. Milestones

At what age did the child do each of these?

Sat without support: _____ Crawled _____

Walked without holding: _____ Helped when being dressed: _____

Ate with a fork: _____ Stayed dry all day: _____

Stayed dry all night: _____ Didn't soil his/her pants: _____

Dressed self completely: _____

4. Speech/language development

Age when child said first word understandable to strangers: _____

Age when child said first sentence understandable to strangers: _____

Any speech, hearing, or language difficulties? _____

Health

List all childhood illnesses, hospitalization, medication, allergies, head trauma, important accidents and injuries, surgeries, periods of loss of consciousness, convulsions/seizures, and other medical conditions.

Conditions	Age	Treated by whom?	Consequences?

Residences

Homes

Date: From	To	Reason for moving	Lived with?	Any problems?

Residential placement, institutional placements, or foster care

Date: From	To	Program name/location	Reason for placement	Any problems?

Schools

School (Name, district, address, phone)	Grade	Age	Teacher

May I call and discuss your child with the current teacher? Yes No

Special skills or talents of child

List hobbies, sports, recreational activities, TV, toy preferences, etc: _____

Other

Is there anything else I should know that doesn't appear on this or other forms, but that is or might be important? _____

This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law.
