

## Developmental and Social History

Client name: \_\_\_\_\_ DOB: \_\_\_\_\_

Informant: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

### I. Family Composition

	Parent's Name	Birth Date	Birth Place	Education	Occupation
Father					
Mother					

	Children in order of birth	Sex	School Attended	Grade
1				
2				
3				
4				
5				
6				
7				
8				

	Others in household	Relationship	Age	Occupation
1				
2				

Age of parents at birth of child: Mother \_\_\_\_\_ Father \_\_\_\_\_

### II. Prenatal (Pregnancy)

1. Is there a known blood incompatibility between parents? Yes\_\_\_No\_\_\_
2. Did the mother have any serious health problems or injuries during pregnancy? (e.g. Hepatitis, Measles, Toxemia, Anemia, Uterine bleeding, an accident or fall)

Yes\_\_\_No\_\_\_ - If yes, identify problem \_\_\_\_\_

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Were x-rays taken? Yes\_\_\_No\_\_\_

Was mother under medication? Yes\_\_\_No\_\_\_

3. Length of pregnancy was \_\_\_\_\_ months.

### III. Perinatal (Birth)

1. Labor was: uncomplicated\_\_\_ induced\_\_\_ prolonged\_\_\_ difficult\_\_\_

Comments: \_\_\_\_\_

2. Delivery was: Uncomplicated\_\_\_ by forceps\_\_\_ Caesarean\_\_\_

Comments: \_\_\_\_\_

3. Birth weight was: \_\_\_\_\_

4. Immediately after birth the baby: did not cry spontaneously\_\_\_;

was jaundiced\_\_\_; was given oxygen\_\_\_; was given a transfusion\_\_\_;

was placed in an incubator\_\_\_.

Comments: \_\_\_\_\_

### III. Developmental Milestones

1. Would you consider the child as having been “late” in any of the following areas?

(answer yes if appropriate)

lifting head\_\_\_ sitting up\_\_\_ standing alone\_\_\_ walking\_\_\_

making speech noises\_\_\_ talking\_\_\_

2. At present, the child is self-sufficient for: feeding\_\_\_; toilet care\_\_\_; dressing\_\_\_; bathing\_\_\_.

3. The child is right or left handed (circle one which is correct)

### V. Medical Health History

1. Has the child had a convulsion or seizure? Yes\_\_\_No\_\_\_

If yes, please indicate: date of onset\_\_\_; frequency\_\_\_; date of last seizure\_\_\_; probable cause\_\_\_\_\_;

characteristics of seizure\_\_\_\_\_.

2. Has the child had any evidence of ear/hearing problems? Yes\_\_\_No\_\_\_

If yes, please state the problem \_\_\_\_\_

and treatment \_\_\_\_\_

3. Has the child had any evidence of eye/vision problems? Yes\_\_\_No\_\_\_

If yes, please state the problem \_\_\_\_\_

and treatment \_\_\_\_\_

4. In addition to those previously mentioned, has the child been hospitalized for illness or surgery? Yes\_\_\_No\_\_\_

If yes, please explain: \_\_\_\_\_

5. Has the child experienced any changes in behavior as a result of illness or injury?

Yes\_\_\_No\_\_\_

If yes, please explain: \_\_\_\_\_

6. Does the child have problems with any of the following (please check if appropriate)?

Constipation		Skin itching		Headaches	
Diarrhea		Nose bleed		Dizziness	
Nausea/Vomiting		Bedwetting		Insomnia	
Poor appetite		Nail biting		Fatigue	
Underweight		Nervousness		Coordination	
Overweight		Colds			

7. In addition to the above, does the child have any, chronic health concerns such as allergies, anemia, asthma, diabetes, skin problems, heart condition, orthopedic problems, etc.? Yes\_\_\_No\_\_\_, if yes, please indicate:

a) Problem \_\_\_\_\_

b) Date of onset \_\_\_\_\_

c) Severity of condition \_\_\_\_\_

d) Treatment \_\_\_\_\_

8. Is child presently under medication? Yes\_\_\_No\_\_\_ If yes, please list:

a) Name of medication(s) \_\_\_\_\_

\_\_\_\_\_

b) How often it is given \_\_\_\_\_

\_\_\_\_\_

c) Physician ordering medication: \_\_\_\_\_

9. Has the child had a severe or unusual illness? (these would include encephalitis, meningitis, etc.) Yes\_\_\_No\_\_\_

If yes, please state illness and date(s): \_\_\_\_\_

10. Has the child had a severe injury/ (Broken bones; head injury, etc.)?

Yes\_\_\_No\_\_\_

If yes, please state date and nature of injury \_\_\_\_\_

Did child lose consciousness? Yes\_\_\_No\_\_\_

11. Please list the names of all professionals who have examined the child such as pediatrician, neurologist, optometrist, dentist, psychiatrist, psychologist, speech pathologist, educational specialist, audiologist, etc., and give month/year date of the most current evaluation.

\_\_\_\_\_  
\_\_\_\_\_

12. Current pediatrician or health care provider, please give name, address and telephone number: \_\_\_\_\_

\_\_\_\_\_

## VI. Social History

1. How does the child get along with his/her brothers/sisters?

\_\_\_ doesn't have any; better than average \_\_\_; average \_\_\_; worse than average \_\_\_

2. How easily does the child make friends? \_\_\_ doesn't have any; better than average \_\_\_; average \_\_\_; worse than average \_\_\_

3. How does the child get along with teachers and others?

\_\_\_ easier than average; \_\_\_ average; \_\_\_ worse than average \_\_\_; dk \_\_\_

4. What strategies have been implemented to address these problems (Check which have been successful)

\_\_\_ verbal reprimands; \_\_\_ time out(isolation); \_\_\_ removal of privileges; \_\_\_ rewards; \_\_\_ physical punishment; \_\_\_ acquiescence to child; \_\_\_ avoidance of child

5. On the average, what percentage of the time does your child comply with initial commands?

\_\_\_0-20%; \_\_\_20-40%; \_\_\_40-60%; \_\_\_60-80%; \_\_\_80-100%

6. To what extent are you and your significant other consistent with respect to disciplinary strategies?

\_\_\_most of the time; \_\_\_some of the time; \_\_\_none of the time

## VII. Diagnostic Criteria

1. Which of the following are considered to be significant problems at the present time?

\_\_\_fidgets; \_\_\_difficult remaining seated; \_\_\_easily distracted; \_\_\_often blurts out answers to questions before they have been completed; \_\_\_difficulty following instructions; \_\_\_difficulty sustaining attention; \_\_\_shifts from one activity to another; \_\_\_difficulty playing quietly; \_\_\_often talks excessively; \_\_\_often interrupts or intrudes on others; \_\_\_often does not listen; \_\_\_often loses things; \_\_\_often engages in physically dangerous activities

2. Which of the following are considered to be a significant problem at the present time?

\_\_\_often loses temper; \_\_\_often argues with adults; \_\_\_often actively defies or refuses adult requests or rules; \_\_\_often deliberately does things that annoy other people; \_\_\_often blames others for own mistakes; \_\_\_is often touchy or easily annoyed by others; \_\_\_is often angry or resentful

3. Which of the following are considered to be a significant problem at the present time?

\_\_\_unrealistic and persistent worry about possible harm to attachment figure; \_\_\_unrealistic and persistent worry that a calamitous event will separate the child from attachment figure; \_\_\_persistent refusal to sleep alone; \_\_\_persistent avoidance of being alone; \_\_\_repeated nightmares re: separation; \_\_\_somatic complaints; \_\_\_excessive distress in anticipation of separation from attachment figure; \_\_\_excessive distress when separated from home or attachment figure

4. Which of the following are considered to be a significant problem at the present time?

\_\_\_unrealistic worry about future events; \_\_\_unrealistic concern about appropriateness of past behavior; \_\_\_marked self-consciousness; \_\_\_excessive need for reassurance; \_\_\_marked inability to relax

5. Which of the following are considered to be a significant problem at the present time?

\_\_\_depressed or irritable mood of day, nearly every day; \_\_\_diminished pleasure in activities; \_\_\_decrease or increase in appetite assoc. with possible failure to make weight gain; \_\_\_insomnia or hypersomnia nearly every day; \_\_\_psychomotor agitation or retardation; \_\_\_fatigue or loss of energy; \_\_\_feelings of worthlessness or excessive inappropriate guilt; \_\_\_diminished ability to concentrate

6. Which of the following are considered to be a significant problem at the present time?

\_\_\_depressed or irritable mood for most of day for the last year; \_\_\_poor appetite or overeating; \_\_\_low self-esteem; \_\_\_poor concentration or difficult making decisions; \_\_\_feelings of hopelessness; \_\_\_never without symptoms for > 2 months over a 1-year period

7. Has the child exhibited any symptoms of:

\_\_\_excessive lability w/o reference to the environment; \_\_\_explosive temper with minimal provocation; \_\_\_excessive clinging, attachment, or dependence on adults; \_\_\_unusual fears; \_\_\_strange aversions; \_\_\_panic attacks; \_\_\_excessively constricted or bland affect; \_\_\_situationally inappropriate emotions

Please see next page

1 = Siblings 2 = Maternal Relatives 3 = Paternal Relatives

	Self	Mother	Father	Brother	Sister	Total
Problems with aggressiveness, defiance, & oppositional behavior as a child						
Problems with attention, activity, & impulse control as a child						
Learning Disabilities						
Failed to graduate from high school						
Mental Retardation						
Psychosis or schizophrenia						
Depression for greater than 2 weeks						
Anxiety disorder that impaired adjustment						
Tics or Tourette's						
Alcohol Abuse						
Substance Abuse						
Antisocial behavior (assaults, thefts, etc.)						
Arrests						
Physical abuse						
Sexual abuse						