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Developmental Questionnaire

Client Information:

Name:_____ Age: _____ Date of Birth:____/____/_____

Address:_____

City:_____ State/Province:_____ Zip/Postal Code:_____

Primary Phone: _____ Alternate Phone: _____

Email:_____

Parent/Guardian Information:

First Parent/Guardian's Name: _____

Date of Birth: _____ Relationship to Client: _____

Second Parent/Guardian's Name: _____

Date of Birth: _____ Relationship to Client: _____

Insurance Information (if you will be seeking reimbursement):

Insurance Company Name_____

Client's ID Number: _____ Group Number: _____

Subscriber Name: _____

Subscriber Date of Birth: _____ Subscriber Relation to Client: _____

Subscriber Employer: _____

Today's Date: _____

Person completing this form: _____

Your relation to the child: _____

Please briefly explain why you are seeking an evaluation and/or therapy:

Who referred you here?

Name:_____Address:_____

Phone number:_____

Family Information:

Father's Name:_____

Employer/Type of Work:_____Education:_____

Mother's Name:_____

Employer/Type of Work:_____Education:_____

Other Caregiver's Name:_____

Employer/Type of Work:_____Education:_____

Are this child's parents divorced? ☐ Yes ☐ No

If so, when was divorce? _____

Who has custody? ☐ Mother ☐ Father ☐ Joint Custody ☐ Neither

Please further describe the custody arrangement and visitation schedule: _____

_____

_____

Is this child adopted? ☐ Yes ☐ No

If yes, please describe the circumstances of the adoption:

_____

_____

Please list all children and adults living in the home:

Name	**Age**	**Relationship**

Is more than one language spoken in your home? ☐ Yes ☐ No

If yes, what is the primary language spoken in your home? _____

Is there a history of violence in this child's home or in his/her relationships? ☐ Yes ☐ No

If yes, please describe the circumstances: _____

_____

_____

Pregnancy History:

If don't know pregnancy history due to adoption, please check here: ☐

Was the pregnancy with this child under a doctor's care? ☐ Yes ☐ No ☐ Don't know

Check any that apply for this pregnancy:	Describe/Treatment
☐ Artificial Insemination Donor	_____
☐ Anemia	_____
☐ Elevated Blood Pressure	_____

☐ Toxemia _____
☐ Swollen Extremities _____
☐ Kidney Disease _____
☐ Bleeding/Threatened Miscarriage _____
☐ Measles/German Measles _____
☐ Flu _____
☐ Strep Throat _____
☐ Other Virus/Illness/Injury _____
☐ Abnormal Nausea or Vomiting _____
☐ Medication(s) Taken _____
☐ Emotional Problems/Distress _____
☐ Premature Labor _____
☐ Smoked During Pregnancy _____
☐ Drank Alcohol During Pregnancy _____

Please describe any additional concerns about the pregnancy with this child:_____

_____

_____

_____

_____

Birth History:

If don't know birth history due to adoption, please check here: ☐

Mother's age at the time of child's birth: _____Father's age at the time of child's birth: _____

Child's birth weight? _____lbs._____oz. Was birth a multiple? ☐ No ☐ Yes, how many:____

Was birth complicated by:	Describe
☐ Prematurity	_____
☐ Unplanned Induced Labor	_____
☐ Breech presentation	_____
☐ Cesarean section	_____
☐ Unusual anesthesia	_____
☐ Other	_____

Following birth, were there complications related to:

☐ Breathing problems _____

☐ Need for oxygen _____

☐ Blue color _____

☐ Meconium _____

☐ Cord around the neck _____

☐ Jaundice/yellow color _____

☐ Feeding problems _____

☐ Maternal health _____

Did these complications result in an extended hospital stay? ☐ No ☐ Yes, how long:_____

Developmental History:

How would you describe the following?

Motor Development (Sitting, Walking)	☐ Normal	☐ Fast	☐ Slow
Speech and Language	☐ Normal	☐ Fast	☐ Slow
Self-help Skills (dressing, toileting, hygiene)	☐ Normal	☐ Fast	☐ Slow
Bowel Trained:	☐ Normal	☐ Fast	☐ Slow
Bladder Trained:	☐ Normal	☐ Fast	☐ Slow
Eating Behavior:	☐Picky	☐Average	☐ Over eats
Sleeping Behavior	☐ Normal	☐ More	☐ Less
Which is this child's dominant hand?	☐ Right	☐ Left	☐ Both

Please describe any specific concerns you have had about this child's early development: _____

_____

_____

_____

Have you ever sought a developmental or early childhood evaluation? ☐ Yes ☐ No

If yes, please describe the outcome of the evaluation (provide copies of the evaluation if possible):_____

_____

_____

Temperament from birth to age 4: (Check all that apply)

☐ Rocking/Head banging	☐ Shy or timid	☐ Affectionate
☐ Impulsive	☐ Fearful	☐ Distant/Hard to engage
☐ Daredevil	☐ Cautious	☐ More interested in things than in people
☐ Temper outbursts	☐ Happy	☐ Slow to warm up
☐ Overactive	☐ Curious	☐ Aggressive
☐ Into everything	☐ Irritable	☐ Clingy
☐ Easy to manage	☐ Sad	☐ Stubborn
☐ Hard on belongings		☐ Independent

Medical History:

Has your child had any of the following?

	No	Yes	Date/Age/Description
Measles	☐	☐	_____
Mumps	☐	☐	_____
Rubella	☐	☐	_____
Migraine	☐	☐	_____
Severe Abdominal Pain	☐	☐	_____
Cancer	☐	☐	_____
Chicken Pox	☐	☐	_____
Whooping Cough	☐	☐	_____
RSV	☐	☐	_____
Severe Flu	☐	☐	_____
Strep Throat	☐	☐	_____
Meningitis/Encephalitis	☐	☐	_____
Constipation	☐	☐	_____
Urinary Tract Infections	☐	☐	_____
Abscessed Ears	☐	☐	_____
Tubes in Ears	☐	☐	_____
Allergies	☐	☐	_____
Asthma	☐	☐	_____
Seizures	☐	☐	_____
Head Injuries	☐	☐	_____
Other Injuries	☐	☐	_____
Hospitalizations	☐	☐	_____

Hearing Problems	☐	☐	_____
Vision Problems	☐	☐	_____
Other	☐	☐	_____

Does your child currently take medication for a medical illness? ☐ Yes ☐ No
If yes, please describe: _____

_____

Does your child have known allergies to any medications? _____

_____

Family Medical/Psychiatric History:

Do any medical illnesses run in the family? (Example: seizures, thyroid problems)

☐ Yes ☐ No ☐ Don't know

If yes, please describe whom/illness/treatment: _____

_____

_____

_____

_____

Have any of your child's **biological relatives** had mental health problems? ☐ No ☐ Yes ☐ Don't know

If yes, which of the following conditions?

☐Major Depression ☐ Bipolar Disorder ☐ Obsessive-Compulsive Disorder

☐ ADHD/ADD ☐ Tic Disorders ☐ other Anxiety Disorders

☐ Schizophrenia ☐ Substance Abuse ☐ Suicide Attempts

☐ other psychiatric problems (Describe: _____)

In which biological relative(s)?

☐ Mother ☐ Father ☐ Brother ☐ Sister

☐ Grandmother(paternal/maternal) ☐ Grandfather(paternal/maternal)

☐ Aunt/uncle (paternal/maternal) ☐ Uncle (paternal/maternal)

☐ Other (Specify: _____)

Please further describe any family psychiatric problem(s), including treatment: _____

_____

_____

_____

_____

_____

Outside of biological relatives, are there **any other people with whom the child has significant contact** who have medical or psychiatric problems? ☐ Yes ☐ No ☐ Don't know

If yes, please describe: _____

_____

_____

_____

_____

Academic Information:

Current School:_____ Current Teacher/Grade:_____

Type of school: ☐ Public ☐ Private ☐ Other _____

Previous schools and grades attended	Academic Struggles?		Behavioral Struggles?	
_____	☐ Yes	☐ No	☐ Yes	☐ No
_____	☐ Yes	☐ No	☐ Yes	☐ No
_____	☐ Yes	☐ No	☐ Yes	☐ No
_____	☐ Yes	☐ No	☐ Yes	☐ No

Has the child repeated any grades? ☐ Yes ☐ No

If yes, which grade(s) and why? _____

_____

Has the child skipped any grades? ☐ Yes ☐ No

If yes, which grade(s) and why? _____

_____

Any In-school Suspensions: ☐ Yes ☐ No

Any Out-school Suspensions: ☐ Yes ☐ No

Any Expulsions? ☐ Yes ☐ No

If yes to any of the above, please describe the circumstances: _____

_____

_____

How do your child's teachers generally describe your child's behavior at school? _____

_____

Does your child have any specific learning difficulties? ☐ Yes ☐ No

If yes, what are they?_____

_____

Has testing been completed? ☐ Yes ☐ No

Results? (Please provide copies if possible): _____

_____

_____

Does your child have an IEP/504 Plan/accommodations: ☐ Yes ☐ No

Details:_____

_____

Does your child receive any gifted services: ☐ Yes ☐ No

Details: _____

_____

What does your child **like** most about school?_____

_____

_____

What does your child **dislike** most about school? _____

_____

_____

What is your child **best at** academically? _____

_____

_____

What subject is **most challenging** for your child? _____

_____

_____

Which of the following problems, if any, does this child have in school?

☐ Does not do homework	☐ Forgets assignments	☐ Below Average reading skills
☐ Fails to check work	☐ Many careless errors	☐ Below Average spelling
☐ Incomplete homework	☐ Incomplete classroom work	☐ Below Average math
☐ Not remaining seated	☐ Disorganization	☐ Below Average written language
☐ Inattention in class	☐ Talks excessively	☐ Below Average handwriting
☐ Distraction	☐ Anxiety	☐ Excessive time to complete work

Does your child have any difficulty with completing homework? ☐ Yes ☐ No

If yes, what are they?_____

_____

_____

Are there difficulties with test-taking? ☐ Yes ☐ No

If yes, what are they?_____

_____

_____

Further comments on homework, academic functions:

_____

_____

_____

_____

_____

Social Functioning:

Which of the following, if any, describe(s) this child's interactions with peers?

☐ No friends	☐ Average number of friends	☐ Trouble keeping friends
☐ Few Friends	☐ Socially comfortable	☐ Trouble making new friends
☐ Controlling	☐ Aggressive	☐ Bullying
☐ Excessively shy	☐ Overall social	☐ Socially awkward

Extracurricular/Group Activities: _____

_____

_____

Further comments on peer functioning: _____

_____

_____

Therapy History:

Has your child ever received:

Mental health-related therapy?	☐ Yes	☐ No	☐ Don't know
Cognitive-Behavioral Therapy (CBT)?	☐ Yes	☐ No	☐ Don't know
Family Therapy?	☐ Yes	☐ No	☐ Don't know
Group Therapy?	☐ Yes	☐ No	☐ Don't know
Speech/language Therapy?	☐ Yes	☐ No	☐ Don't know
Physical or occupational Therapy?	☐ Yes	☐ No	☐ Don't know
Developmental Therapy?	☐ Yes	☐ No	☐ Don't know
Play Therapy?	☐ Yes	☐ No	☐ Don't know

Please describe any previous therapy, including dates or age of the child and reason for the therapy: _____

_____

_____

_____

_____

_____

_____

_____

Has your child ever taken psychiatric medication? ☐Yes ☐ No ☐ Don't know

If yes, please complete the following:

Medication	**Dosage**	**Dates of Use**	**Prescriber**	**Benefits**	**Side Effects**

Is there anything else you would like us to know about this child before we meet?