

Developmental History

Prenatal and Birth History

Length of pregnancy _____ Delivery Complications Yes ___ No ___ Birth weight _____

(Please explain if any complications occurred) _____

Did the infant have any difficulty with breathing, crying, sucking, jaundice, convulsions, blood incompatibility, etc. (Please explain) _____

A. Motor Milestones

Please indicate the age or approximate age at which the following occurred:

Crawled _____ Sat alone _____ Walked unaided _____ Fed self _____ Dressed self _____
Toilet trained _____ Cooing _____ Babbling _____ First words _____

Behavioral Information

A. Infancy

Was a silent infant? Yes ___ No ___ Sometimes ___
Was an inconsolable infant? Yes ___ No ___ Sometimes ___
Very happy infant (rarely cried, did not desire interaction/affection)? Yes ___ No ___
Sometimes ___
Other comments _____

B. Play

Prefers to play alone? Yes ___ No ___ Sometimes ___
Plays poorly with other children or does not interact with others? Yes ___ No ___
Sometimes ___
Frequently lines items in a row? Yes ___ No ___ Sometimes ___
Protests if line is interrupted? Yes ___ No ___ Sometimes ___
Holds (clutches) items for extended periods of time? Yes ___ No ___ Sometimes ___
Frequently counts (objects, items, actions etc) Yes ___ No ___ Sometimes ___
Has unusual interest (strips of paper, electrical cords etc.)? Yes ___ No ___ Sometimes ___
Spins objects? Yes ___ No ___ Sometimes ___
Other comments _____

C. Conduct

Is difficult to manage? Yes ___ No ___ Sometimes ___
Has a behavior problem? Yes ___ No ___ Sometimes ___
Displays temper tantrums? Yes ___ No ___ Sometimes ___
Consistently has a catastrophic reaction when told "no"? Yes ___ No ___ Sometimes ___
Discipline is ineffective? Yes ___ No ___ Sometimes ___
Is overly active? Yes ___ No ___ Sometimes ___
Has a short attention span? Yes ___ No ___ Sometimes ___
Is aggressive towards self? Yes ___ No ___ Sometimes ___
Is aggressive towards others? Yes ___ No ___ Sometimes ___
Is destructive with objects? Yes ___ No ___ Sometimes ___
Other comments _____

A. General

Is withdrawn? Yes ___ No ___ Sometimes ___
Rocks back and forth? Yes ___ No ___ Sometimes ___
Acts as if deaf? Yes ___ No ___ Sometimes ___
Covers ears with hands? Yes ___ No ___ Sometimes ___
Has limited eye contact? Yes ___ No ___ Sometimes ___
Has difficulty with change/transitions? Yes ___ No ___ Sometimes ___
Other comments _____

B. Fears

Climbs without fear? Yes ___ No ___ Sometimes ___
Has unusual fears (specific animals, places, noises, etc.)? Yes ___ No ___ Sometimes ___
Exhibits age appropriate fears (separation, being lost, darkness, etc)? Yes ___ No ___
Sometimes ___
Other Comments _____

Educational History

Please indicate any of the following that apply:

Early intervention program (s) _____
Daycare/Preschool: _____
Schools attended: _____
Special Programs: _____
Other: _____

Please Describe your child's personality: _____

Please feel free to indicate any questions or concerns that you would like to specifically discuss at your initial appointment.

1. _____

2. _____

3. _____

4. _____

5. _____