Susan Myket, Ph.D. & Associates

Licensed Clinical Psychologists
Using Research-Supported Therapies to Enrich Families

Confidential
Child and Adolescent Developmental History Form

Client's (child) Name: ____

Date of Birth: ______________________________ Child's age when form completed _________

Name of person completing this form: ____

Relationship to client: __________________________ Today's Date:______________

Are you the legal guardian of the child? Yes No

If no, who is the child's legal guardian? ____

What are your current concerns about the client and/or what prompted you to seek services for him or her?

When did you first notice the concerns listed above?

Who currently lives with the client?

Name	Age	Relationship to client	Occupation or grade in school	Highest grade completed in school (e.g., 1-12, Bachelor's Degree, Master's)

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Child & Adolescent History Form

Adoption History

Was the client adopted? Yes No (if no, skip to "Birth History")

Where was the client born? ____

At what age was the child adopted? ______ Is child aware of their adoption? _________

How many home placements/homes has the child had in his/her lifetime? ____________

Does the child have contact with his/her biological mother and/or father? ____________

Pregnancy and Birth History

This child was the birth mother's _________ (write number) pregnancy.

List any complications during the pregnancy:

List any prescription medications, alcohol, nicotine or drugs taken during pregnancy:

The child was delivered via: C-Section Vaginal Delivery

Was the child considered full term? Yes No Birth weight ___________

If no, how many weeks gestation age was the child when he/she was delivered? ______________

List any delivery complications:

How long was the child in the hospital after delivery? ___________________________________

Interventions required for the child after birth (phototherapy, oxygen, etc.):

Did the child's mother experience depression or anxiety in the first two years of the child's life?

Early Developmental Milestones

Please indicate the approximate age at which the child met the following milestones:

Smiled at caretaker _________

Laughed aloud _________

Sat unassisted _________

Crawled _________

Walked _________

First words ________

First 2-3 word phrases _________

Pretend play _________

Toilet Trained (Day) __________

Toilet Trained (Night) _________

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Health History - Does the child have a history of (check if applicable and explain below):

Allergies	
Appetite changes	
Asthma	
Emergency Department Visits	
Head injury	
Hearing problems	
Hospitalizations	
Loss of consciousness	
Respiratory Disease	
Seizures	
Sleep Problems	
Surgery	
Vision problems	
Other:	

Please explain any checked responses above:

Child Mental Health History

Has your child been diagnosed with any of the following concerns?

	Who diagnosed this?	When diagnosed (month/year)?
Anxiety: General Social Separation		
Autistic Spectrum Disorder: Autism Asperger's Disorder Pervasive Developmental Disorder—PDD		
Attention Deficit Hyperactivity Disorder (ADHD)		
Bipolar Disorder		
Conduct or Behavior Disorder		
Depression		
Developmental Delay		
Obsessive Compulsive Disorder (OCD)		
Oppositional Defiant Disorder		
Tic Disorder		
Other (explain):		

Child & Adolescent History Form

Has your child ever undergone a developmental, psychological, neuropsychological, educational or psychiatric evaluation? Yes No

Date	Evaluator and/or Clinic name	Location	Diagnosis	Were you satisfied with the outcome?

(Please bring a copy of all previous evaluation reports with you to your appointment.)

To your knowledge, has your child:

	Yes	No
Used or abused alcohol?		
Used/abused drugs (prescription or illegal)?		
Injured him/herself (cut, burn, pick at scabs/wounds) on purpose?		
Attempted suicide?		
Talked about wanting to be dead?		
Threatened to hurt other people?		
Been the victim of violence or aggression?		
Been physically, emotionally or sexually abused?		

Explain:

Previous treatment/therapy (including psychiatric hospitalizations, outpatient therapy, speech therapy, occupational therapy, biofeedback, etc.):

Type of Treatment (e.g., psychological, physical therapy) & Location	Setting (outpatient, intensive outpatient, inpatient, residential)	Date of treatment	Length of treatment	Name of treating professional

Medication

List medications (besides antibiotics for typical childhood illnesses) that the child has taken or currently takes. Please list most recent/current medications first.

Medication	Dose	Date started	Date stopped	Prescribed by:	Treating what?

Family Mental Health History

Does anyone in the child's family have a history of the following mental health concerns (please check all that apply)?

Diagnosis	Father	Mother	Sibling	Grandparent	Aunt/uncle	Cousin
Alcoholism/Alcohol Abuse						
Anorexia						
Antisocial Personality Disorder						
Anxiety						
Asperger's Disorder						
Autism						
Attention Deficit Hyperactivity Disorder (ADHD)						
Bipolar Disorder						
Borderline Personality Disorder						
Bulimia						
Conduct Disorder						
Depression						
Developmental Delay						
Obsessive Compulsive Disorder (OCD)						
Oppositional Defiant Disorder						
Schizophrenia or psychotic disorder						
Tic Disorder						
Other (explain):						

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School History

Current grade (if summer, what grade will the child be attending in the fall): ___________________

Where does the child attend school? ____

Has your child ever:	Check if yes	Briefly explain if applicable:
Repeated a grade or been held back?		
Been expelled or suspended?		
Missed more than 10 days of school in a single school year?		
Had an I.E.P. or 504 Plan?		
Had a significant decline in grades?		
Been diagnosed with a learning disability?		
Received extra support at school?		

Family History

Have any of the following things occurred in the family?

	Yes	No	When (month/year):	Briefly explain:
Chronic illness:				
Death of loved one:				
Divorce/separation:				
Financial Difficulties:				
Job Loss:				
Move:				
Other stressful life events (explain):				

Do you have any concerns about peer relationships or your child's social skills? Yes No

Please explain:

Do you have any other concerns that have not been addressed?