

Katie Dine Young, Psy.D.  
Licensed Clinical Psychologist

---

### Developmental History

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Person Completing This Form: \_\_\_\_\_ Relationship: \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Who is living in the home (list all)	Age	Relationship to child
--------------------------------------	-----	-----------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How does the child get along with his/her siblings \_\_\_\_\_

How does child get along with friends \_\_\_\_\_

Which adults (family/friends) does your child feel closest to? \_\_\_\_\_

#### Developmental History:

Was this pregnancy planned? \_\_\_\_\_

Were there pregnancy complications? \_\_\_\_\_

Child's birth weight: \_\_\_\_\_

Were there delivery complications? \_\_\_\_\_

Was your baby's temperament:

_____ Easy	_____ Active	_____ Difficult	_____ Social
_____ Cranky	_____ Happy	_____ Calm	_____ Sad
_____ Shy	_____ Colicky	_____ Cuddly	_____ Alert
_____ Slow Moving	_____ Responsive		

Developmental Milestones:

Age began sitting up: \_\_\_\_\_

Age began walking: \_\_\_\_\_

Age spoke 10-15 words: \_\_\_\_\_

How does your child do with physical tasks such as being able to ride a bike, jump, balance \_\_\_\_\_

How does your child do with physical tasks such as handwriting, tying shoes, buttoning coat \_\_\_\_\_

### Sleep Problems:

At what age did your child experience any of the following:

Insomnia \_\_\_\_\_ Restless Sleep \_\_\_\_\_

Nightmares \_\_\_\_\_ Night Terrors \_\_\_\_\_

Early Wakening \_\_\_\_\_ Refusal to Sleep Alone \_\_\_\_\_

Bedwetting \_\_\_\_\_

### Worries:

Does your child have any fears \_\_\_\_\_

Does your child worry excessively \_\_\_\_\_

Does your child have excessive fantasies or lies \_\_\_\_\_

Is your child perfectionist \_\_\_\_\_

### Separation:

Was there ever a time when your child was separated from one or both parents for an unusual length of time? \_\_\_\_\_

If so how did child behave during and after separation \_\_\_\_\_

### Illnesses:

Age your child experienced any of the following:

Allergies \_\_\_\_\_ Chicken Pox \_\_\_\_\_

High Fever \_\_\_\_\_ Loss of Consciousness \_\_\_\_\_

Seizures \_\_\_\_\_ Head Injury \_\_\_\_\_

List any hospitalizations (including age): \_\_\_\_\_  
\_\_\_\_\_

**Medications:**

Please list any medications your child is currently taking or has recently discontinued: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

**Discipline:**

What forms of discipline are used with your child?

\_\_\_\_\_ Time Out    \_\_\_\_\_ Spanking    \_\_\_\_\_ Grounding    \_\_\_\_\_ Loss of Privileges  
\_\_\_\_\_ Extra Chores    \_\_\_\_\_ Other (explain) \_\_\_\_\_

How does your child react to discipline? \_\_\_\_\_

**Abuse:**

Has your child been:

Physically Abused: \_\_\_\_\_

Sexually Abused: \_\_\_\_\_

Emotionally Abused: \_\_\_\_\_

Been Very Overwhelmed or Frightened \_\_\_\_\_

**School History:**

Does your child's teacher have any academic concerns:

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

Behavioral Concerns: \_\_\_\_\_  
\_\_\_\_\_

**Family History:**

Please provide information if the following apply to any blood relative of your child:

Attention Deficit/Hyperactivity Disorder \_\_\_\_\_

Learning Disorders/Problems \_\_\_\_\_

Autism \_\_\_\_\_

Alcohol/Drug Abuse Problems \_\_\_\_\_

Depression/Anxiety \_\_\_\_\_

Suicide Attempts \_\_\_\_\_

Divorce (date) \_\_\_\_\_

Other \_\_\_\_\_

**Home Routine:**

What is a typical day for your child in terms of scheduling/routine:

---

---

---

How much time is spent on homework\_\_\_\_\_

How much time is spent watching television\_\_\_\_\_

Time in outside activities\_\_\_\_\_

During the school year what time does your child go to bed\_\_\_\_\_ wake up\_\_\_\_\_

How is your child's appetite and diet\_\_\_\_\_

---

Does your child eat three meals a day\_\_\_\_\_

Does your child have responsibilities at home\_\_\_\_\_

**PLAY:**

What kind of play does your child enjoy\_\_\_\_\_

---

What activities make your child happy\_\_\_\_\_

---

What kinds of things is your child really good at\_\_\_\_\_

---

What do you enjoy about your child\_\_\_\_\_

---

In what situations does your child do best\_\_\_\_\_

---

**CONCERNS:**

Please explain the current difficulties your child is experiencing, (please consider where, when, and with who your child is experiencing these concerns in your description):\_\_\_\_\_

---

---

---

---