Developmental History

Reviewed January 2019

Demographics		
Client Name:	Birth Date:	Sex: M ☐ F ☐ Unspecified ☐
Name of Parents:	Family Heritage:	
Religious Beliefs:	Family Doctor:	

Reason for Referral - Chief Complaint [These would be the current areas of concern]. Please check any that are appropriate:

Behaviour		
Physical Aggression Yes ☐ No ☐	Verbal Aggression Yes ☐ No ☐	Sexual Aggression Yes ☐ No ☐
Property Damage Yes ☐ No ☐	Inattentive Yes ☐ No ☐	Hyperactive Yes ☐ No ☐
Impulsive Yes ☐ No ☐	Defiant Yes ☐ No ☐	Other
Emotional		
Depressed Mood Yes ☐ No ☐	Suicidal Thoughts Yes ☐ No ☐	Quick Emotional Fluctuations Yes ☐ No ☐
Increased Agitation Yes ☐ No ☐	Sleep Changes Yes ☐ No ☐	Excessive Changes in Energy Yes ☐ No ☐
Appetite Changes Yes ☐ No ☐	Victim of Abuse Yes ☐ No ☐	
If answer **yes** to Victim Abuse, please explain:		
Academic		
Reading Difficulties Yes ☐ No ☐	Spelling Difficulties Yes ☐ No ☐	Math Difficulties Yes ☐ No ☐
Writing Difficulties Yes ☐ No ☐	Speech Difficulties Yes ☐ No ☐	Comprehension Difficulties Yes ☐ No ☐
Reasoning		
Overall Poor Educational Progress Yes ☐ No ☐	Overall Poor Social Progress Yes ☐ No ☐	Others:
Comments:		
Describe a history of the identified difficulties and any current stressors:		

Previous Evaluations: Please check any that have occurred:	
Family Doctor Who?	When?
Diagnosis?	
Paediatric: Who?	When?
Diagnosis?	
Psychiatric Who?	When?
Diagnosis?	
Psychological: Who?	When?
Diagnosis?	
School Board: Who	When?
Diagnosis	
Other Who?	When?
Diagnosis?	

Are there currently any other agencies involved in this client's care? Please check		
Children's Aid Society Yes ☐ No ☐	Children's Mental Health Yes ☐ No ☐	Mental Health Clinic Yes ☐ No ☐
Private Therapist Yes ☐ No ☐	School Child & Youth Worker Yes ☐ No ☐	Counselling Services of Belleville Yes ☐ No ☐
Probation Yes ☐ No ☐	Court Proceedings Yes ☐ No ☐	Other
If involved may these agencies be contacted as part of providing care to this client?		
☐ *Yes* - [A Form will be provided to obtain and release information]		
☐ *No – Please explain why?*		

Birth Process		
Was the birth of this child?		
Planned ☐	Unplanned ☐	Wanted ☐
Unwanted ☐	Explain:	
What was the immediate and extended family's view of the pregnancy (check all that apply)		
Happy ☐	Supportive ☐	Concerned ☐
Unsupportive ☐	Other ☐	
How did the mother feel physically during the pregnancy with this individual?		
Healthy Yes ☐ No ☐	Difficulties with:	
Were any medications taken during the pregnancy? Yes ☐ No ☐		
Please add Type and Amount:		
Any drugs or alcohol taken during the pregnancy?		
Alcohol Yes ☐ No ☐	When and how much	
Drugs Yes ☐ No ☐	When and how much	
Did the mother smoke during the pregnancy? Yes ☐ No ☐		
If Yes – When and how much:		
Was it a full-term pregnancy? Yes ☐ No ☐		
Premature Yes ☐ No ☐	If yes how many weeks:	
Overdue Yes ☐ No ☐	If yes how many weeks:	

How was the labour process? Check all that apply.		
Short ☐	Long ☐	Easy ☐
Difficult ☐	Comments:	
Were there complications during the delivery?		
If yes, please comment:		
How much did the baby weigh	kilograms Lbs	Oz

Infancy		
How would you describe the emotional climate of the home when the baby arrived?		
Positive ☐	Concerned ☐	Negative ☐
Comments:		
Who was the primary caregiver?		
Mother ☐	Father ☐	Mother and Father ☐
Other:		
What was the baby's eating habits?		
By Breast ☐	By Bottle ☐	Good eater ☐
Poor Eater ☐		
Comments		
What were the baby's early sleeping habits?		
Good Sleeper ☐	Poor Sleeper ☐	Comment:
Was the baby "cuddly"? Yes ☐ No ☐ Comment below:		
Was the child comfortable with expressing and receiving affection? Yes ☐ No ☐ Comment below:		
What was the child's energy level?		
Low ☐	Average ☐	High ☐
Comments:		
Did the child enjoy exploring the environment? Yes ☐ No ☐ Comment below:		
Was there anything that the baby appeared to find over-stimulating? (e.g. noise, clothing, people)		
Yes ☐ No ☐		
Comments:		
Do you think that your child began to sit, stand, walk, talk unusually late or early?		
Early ☐	Average ☐	Late ☐
Comments:		

Childhood	
Any difficulties with toilet training?	
Yes ☐ No ☐	Comments below;
Any bed wetting or soiling to follow?	
Yes ☐ No ☐	Comments below;
Throughout childhood was there any discontinuity in the infant-mother relationship?	
Yes ☐ No ☐	Comments below;
Did riding a bike and learning to tie their shoes develop at the right pace?	
Yes ☐ No ☐	Comments below;
Has your child ever been ill? If so what was the illness, age of onset and treatment.	
Comments:	
Any sensitivity to certain foods?	
Yes ☐ No ☐	Comments below;
Any allergies? If so, to what and how is it treated.	
Yes ☐ No ☐	Comments below;
Has your child had any serious accidents?	
Yes ☐ No ☐	Comments below;
How would you describe the client's parent's relationship during his/her childhood?	
Comments:	
Were temper tantrums present that were out of the ordinary? If yes, what were they like.	
Yes ☐ No ☐	Comments below;
Any difficulties with stuttering?	
Yes ☐ No ☐	Comments below;
What was the child's reaction to discipline like?	
Accepting ☐ Passive ☐ Defiant ☐ Aggressive ☐ Other ☐	
Comments:	

Childhood (continued)	
How would you describe the client's mother's and father's way of dealing with problematic behaviour?	
Mother - Passive ☐ Assertive ☐ Demanding ☐ Aggressive ☐ Other ☐	
Comments:	
Father - Passive ☐ Assertive ☐ Demanding ☐ Aggressive ☐ Other ☐	
Comments	
Any disruptions in parental relationships through divorce, death or other causes?	
Yes ☐ No ☐	Comments below;
Any tendencies for the client to be excessively independent or dependent?	
Dependent ☐ Independent ☐ Mix ☐ Comment below:	

Adolescence (Skip if child is currently younger- go to Family Section)
Onset of signs of puberty?
Age 10 ☐ Age 11 ☐ Age 12 ☐ Age 13 ☐ Age 14 ☐
The child's reaction to puberty?
Positive ☐ Negative ☐ Comments below;
How would describe the child's degree of impulse control? (How did they express anger. How did they handle sexual feelings?)
Good ☐ Poor ☐ Comments below;
:
What was the child's relationship with the family like during this period?
Good ☐ Poor ☐ Comments below;
:
What sort of peer group did the child possess? What quality of relationships did they form with both male and females?
Positive ☐ Negative ☐ Comments below;
Just males ☐ Just females ☐ Both ☐
How did the child react to parental demands and standards?
Positive ☐ Negative ☐ Comments below;
Did any special gifts or talents emerge?
Yes ☐ No ☐ Comments below;

Family	
Who are the current people living in the house and the relationship to your child?	
Comments:	
Does your child have any brothers or sisters? How old? How do they get along?	
Comments:	
Is the parental dad intact? (If a separation or divorce has occurred how old was the child? Was the separation easy or difficult? What type of things might the child have seen or heard during the relationship breakdown?)	
Comments:	
Biological Mother - How would you describe yourself? What is your level of education? Any specific difficulties in school or specific likes or dislikes?	
Comments:	
Biological Father - How would you describe yourself? What is your level of education? Any specific difficulties in school or specific likes or dislikes?	
Comments:	
Step Parent - How would you describe yourself? What is your level of education? Any specific difficulties in school or specific likes or dislikes?	
Comments:	
Any family history [any biological relatives] of medical or psychological difficulties? Please check all that apply	
Depression – Yes ☐ No ☐	Who?
Suicidal Thoughts - Yes ☐ No ☐	Who?
Homicidal Thoughts Yes ☐ No ☐	Who?
Anxiety Yes ☐ No ☐	Who?
Alcoholism Yes ☐ No ☐	Who?
Drug Use Yes ☐ No ☐	Who?
Learning Disabilities Yes ☐ No ☐	Who?
Criminal Charges Yes ☐ No ☐	Who?
Personality Disorders Yes ☐ No ☐	Who?
Medical Conditions	
Type:	Who?

Educational

What was the earliest grade your child attended in school, including nursery school? How old was your child?

Nursery School ☐ Junior Kindergarten ☐ Senior Kindergarten ☐ Grade

Age attended ______

How did the child react?

Positive ☐ Negative ☐ Comment below;

Have any academic concerns developed? If so what and when?

Reading ☐ Spelling ☐ Math ☐ Writing ☐ Comprehension ☐ Other ☐

Identified in: JK ☐ SK ☐ Grade 1-2 ☐ Grade 3-4 ☐ Grade 5-6 ☐ Grade 7-8 ☐

Comment:

Has your child had any behaviour problems at school? If so what and when did they start?

Yes ☐ No ☐ - Physically ☐ Verbally ☐ Sexually ☐ Other

Identified in: JK ☐ SK ☐ Grade 1-2 ☐ Grade 3-4 ☐ Grade 5-6 ☐ Grade 7-8 ☐

What does your child's report usually look like?

Above Average ☐ Average ☐ Below Average ☐ Barely Passing ☐ Failing ☐

Does the child receive any form of special assistance at school or outside of school to help their learning? – please comment below

Does the child have an Educational Ministry Identification or Individual Education Plan? If identified what is the identification. If on an IEP what is the focus.

No ☐ Communications ☐ Medical ☐ Speech Impairment ☐ Behavioural ☐ Multiple ☐

What is their current school and grade:

Grade: ______ Comment below;

Social Emotional

Does your child have many friends? Does s/he enjoy friends that are younger, older or the same age? Does the child participate in any organized group activities? If so, how do they do?

Lots of friends ☐ Limited friends ☐

Same age friends ☐ Younger friends ☐ Older friends ☐

Does not participate in group activities ☐ Participates in Group Activities ☐

Describe Activities:

Has your child ever played with matches or fire?

Yes ☐ No ☐ Comment below;

How is your child around animals?				
Positive ☐ Rough ☐ Cruel ☐ Comment below:				
Current sleep pattern:				
Delayed sleep onset ☐ If so how long:				
Nightmares ☐	Repetitive Awakening ☐	Still tired in the morning ☐	Lack of energy in the morning ☐	No issues ☐
Current eating pattern:				
Fluctuation in appetite ☐	Recent weight loss ☐	Recent weight gain ☐	No issues ☐	
Are any unusual motor movements or sounds produced by the child?				
Yes ☐ No ☐ Comment below;				
:				
Has your child recently had their hearing and vision tested?				
Vision: Yes ☐ No ☐ Uses or needs glasses ☐ Hearing: Yes ☐ No ☐ Identified Problems ☐				
Has your child ever received medication? If so, what was it and what was the response.				
Yes ☐ No ☐ Comment below;				
Any current medications:				
Yes ☐ No ☐ Comment below;				

Who would you like the completed report to be shared with? (i.e Doctors)

Comment

Thank you for taking the time to fill in this form.