

Developmental and Behavioral Pediatrics History

Child's Name _____ Age _____ DOB _____

Caregiver Phone(s) _____

Physician/Pediatrician _____

Caregiver Email Address: _____

Do you give permission to share reports and updates via this email address? Yes/No

Who referred your child for this assessment? _____

What are your primary concerns for your child? This will assist us in focusing the assessment.

Demographics: Family Members

Lives With Child
Yes/No

Father's Name(s): _____

Mother's Name(s): _____

Brother's (s) Name/Age: _____

Sisters's (s) Name/Age: _____

Other People Living in the Home: _____

Legal Guardian (s): _____

Birth History

Prenatal Complications: _____

During or shortly before pregnancy, **Maternal** history was:

Medications: _____

Major Life Stress: _____

Medical Problems: _____

Surgeries: _____

Was Child Adopted? _____

Special Circumstances Related to Adoption: _____

Medical History

Just after birth (neonatal) history: _____

Birth Weight _____ Complications _____

Special Medical Care After Birth? _____

Was the child born more than three weeks early or late? Yes _____ No _____

Current health status? Good _____ Not Good _____

Please explain: _____

Current medication being used (include Name/Dosage/Timing) _____

Provider that manages medication: _____

Any significant head injuries? _____

Any serious/chronic illnesses? _____

Many ear infections? _____

Any Allergies? _____
Any history of seizures? _____
Any vocal or motor tics? _____
Are there vision concerns? _____
Are there hearing concerns? _____
Any hospitalizations? _____
Injuries as a result of accidents? _____
History of Strep/Lyme Disease? _____
Exposure to Lead? _____
Genetic Disorders? _____
Developmental Disorders? _____
Mental Health Diagnosis? _____

Family Health/Mental Health History (Please review the health history of close family members: parents, grandparents, aunts, uncles, sisters, brothers, cousins).

Depression/Mood disorder? _____
Anxiety disorder? _____
Alcohol or substance abuse? _____
ADD, ADHD, or similar characteristics? _____
Conduct problems? _____
Learning Disabilities? _____
Other Learning/Psychiatric Disorders? _____

Developmental History

When did you first become concerned about your child's development? _____

Were there delays in achievement of early milestones? _____

Did your child receive Early Intervention supports (prior to entering Kindergarten)?

Did your child receive any developmental/psychological assessment related to your concerns? (Please bring copies of assessments that are relevant to this evaluation)

Since your child's birth, has the family had any major difficulty such as divorce, death, separation, or remarriage? Yes _____ No _____

If so, please specify: _____

Communication Skills

Does your child:

Have a history of expressive/receptive language delays?

Have a history of articulation and/or fluency (stuttering) delays?

Follow verbal directions? _____

Respond to questions? _____

Verbally share experiences with you? _____

Respond when you call their name? _____

Understand humor/sarcasm? _____

Engage in conversations appropriate for their age with peers and/or adults? Describe _____

Use a range of gestures and facial expressions when communicating?

Does your child have a history of atypical communication patterns?

Echolalic Speech (Repeating or Scripting Phrases) _____

Over-focusing on Topics _____

Dialoguing from movies/books/videos _____

Reversing Pronouns (I/You) _____

Volume Regulation Challenges: _____

Lack of a Pointing Gesture: _____

Poor Eye Gaze When Interacting: _____

Other Concerns: _____

Social/Play/Leisure Skills

Does your child:

Initiate social interactions with peers/adults?

Have good relationships with family members?

Have friendships with children their age?

Play cooperatively with other children?

Show Affection? _____

Show Comfort to Others? _____

Demonstrate Empathy? _____

Read the emotions of others? _____

Handle losing a game? _____

Wait their turn? _____

Play creatively? _____

Have obsessional play/leisure interests? _____

What are your child's interests? _____

Is your child involved in extra-curricular activities? _____

Emotional Regulation

Describe your child's temperament, "general approach to the world". For example: easy going, irritable, happy, flexible, etc. _____

Does your child....

Express their emotions? _____

Handle a disappointment? _____

Tolerate changes in routines? _____

Tolerate making a mistake? _____

Respond to discipline strategies? _____

Transition easily between tasks or events? _____

How does your child react to frustration? _____

Does your child have meltdowns? Describe _____

Does your child...

Present with a depressed mood? _____

Present with worries? _____

Engage in arguments? _____

Display physically aggressive behaviors? _____

Display verbally aggressive behaviors? _____

Display Self Injurious behaviors? _____

Do you have safety concerns? _____

Adaptive Living Skills/Sensory Needs

Describe your child's ability to develop habits and consistent behaviors:

A. Eating _____

B. Sleeping _____

C. Toileting _____

Does he/she focus their attention for age-level tasks? _____

Does he/she regulate their activity level? _____

Does your child have sensory sensitivities? _____

Does your child follow daily routines (am/pm routines)?

Does he/she complete homework independently? _____

Educational History

Current Grade _____ School _____ Teacher _____

Academic difficulty was first noted in _____ grade.

A grade was repeated in _____

Areas of academic strength are: _____

Areas of academic weakness are: _____

Current special education classification is: _____

Accommodations to regular education are: _____

Current Special education support services are (please bring copies of recent assessments and IEP):
