

Patti Ashley, Ph.D., LPC
Breakthrough Psychotherapy & Parent Coaching
6610 Gunpark Drive, Suite 101 A Boulder, CO
720-565-3388
pattiashley@icloud.com

Child Development History

Thank you for contacting me regarding your child. As a mother, I fully understand the difficulty of reaching out and asking for help with our children. However, times have changed dramatically over the past century, and it is always good to seek out parenting and childhood development information, in order to better understand your child and your relationship with him or her.

This questionnaire may seem long and detailed, but it is designed to help me understand your child's history and get a better picture of how I can help.

Take as much time as you need to complete this, and feel free to ask me any questions you may have along the way. It is best if we have this information by the end of our second session together. If that is going to be a problem, please let me know and we can schedule a time to go over it together.

Date: _____

Child's Name: _____ Nickname: _____

Parent's Names:

Father: _____ Mother: _____

Step-Father: _____ Step-Mother: _____

Other Parents or Legal Custodians: _____

Relationship to Child: _____

Address: _____

Ethnicity of Child: _____ Child's First Language: _____

Pediatrician: _____ Phone #: _____

School: _____ Phone #: _____

Referral Source: _____ Phone #: _____

Please list your specific concerns at this time and how you would like for me to help. You can use the back of this page if you need more room. Thank you.

Has your child ever had professional help for behavioral and/or emotional concerns before? If yes, please describe where and when.

Pregnancy:

Please circle either yes or no on the following.

Is your child adopted? YES NO
If yes, at what age was (s)he adopted? _____

Was this child a planned pregnancy? YES NO

During which month did the child's mother begin prenatal care? _____

Did the child's mother smoke cigarettes during pregnancy? YES NO
If yes, how many per day? _____

Did the child's mother consume alcohol during pregnancy? YES NO
If yes, how many per week? _____

Did the child's mother use any illegal drugs or prescription drugs during the pregnancy? YES NO
Which ones? How often? _____

Were there any complications, problems or illnesses during the pregnancy? If yes, describe: YES NO

Was the baby born (Check one):

- ____ On time
____ Premature (# of weeks _____)
____ Late (# of weeks _____)

How was the baby delivered?

Were forceps used?

YES

NO

Type of anesthesia? _____

Were there any complications with the birth? If so, explain:

Was the child (check one):

Breast fed

Bottle fed

Did you notice any problems with physical, motor, language, social or intellectual development?

YES

NO

If yes, describe:

Has your child's development ever become "stuck" or "slowed"? If so, describe:

Medical Information:

Indicate if your child has had any of the following medical conditions and explain (age of child at the time, nature of problem, duration of problem, etc.) Use the back of the page if you need more room.

	<u>YES</u>	<u>NO</u>	<u>EXPLANATION</u>
Illness			
Hospitalization			
Allergies			
Frequent ear infections			
Head injury			
Loss of consciousness			
Current medication(s)			
On-going treatment for medical conditions			
Frequent falls or accidents			

Please circle yes or no on the following:

I can easily understand this child	YES	NO
Other people tell me that they have difficulty understanding this child's speech	YES	NO
This child does not seem to listen when I'm speaking	YES	NO
This child does not seem to follow spoken directions very well	YES	NO
This child has difficulty sitting still while being read to	YES	NO
Has this child ever had any problems with toilet training or sleeping?	YES	NO

Has this child ever had any problems with eating or drinking? YES NO

Has this child ever had any problems with awkwardness or clumsiness? YES NO

Please circle any of the following services your child has received:

Special education classes, speech therapy, physical therapy, tutoring, counseling, psychotherapy, remedial classes, other _____

Give dates and reasons for services Use reverse side if necessary.

Educational History:

If used, describe any difficulties this child has had with daycare.

Numbers of hours in daycare per week: _____

Who provides most of the childcare outside of his/her parents?

Hours spent in childcare each week with someone other than parents: _____

List preschools and schools that this child has attended:

School Dates & Grades Completed

Current teacher's name: _____ Phone: _____

Current grade: _____

Has this child ever been retained in one or more grades? If so, which grades?

Describe any school problems, academic and/or behavioral, that you are aware of.
Problems reported by teachers:

Has this child ever received any psychological evaluations or testing in the past?

What type

Where

When

Briefly describe this child's attitudes toward school.

What academic subjects are easy for the child; what things does (s)he do well?

What academic areas are difficult for your child?

Briefly describe your child's relationships with others at home and at school:

Adults:

Children:

Abuse History:

To your knowledge, had your child ever been abused? YES NO
Physical _____ Sexual _____ Verbal _____

If yes, was the abuse reported to county officials? YES NO

Give details and dates:

Family Environment:

Please list below all the people who live in the child's current home:

Name

Age

Relationship to Child

Child's parents are (check one):

Married/committed (living together)

Separated

Divorced

Widowed

Not married/ not committed

If divorced or separated, give dates or divorce(s) and other marriages:

Mother:

Father:

Has your child ever lived apart from you? If yes, indicate dates and reasons:

What methods have you used in disciplining your child?

How does your child respond to discipline?

Who ordinarily disciplines your child?

Do the parents agree on methods of discipline? If no, explain:

Has the child ever had any frightening or traumatic experiences? Describe the experience, age and reaction:

Family History:

Have any of the following events occurred to the child or his/her immediate family?

Change in residence	<u>YES</u>	<u>NO</u>	<u>WHO & WHEN</u>
Separation or divorce			
Death	<u>YES</u>	<u>NO</u>	<u>WHO & WHEN</u>
Serious injury/illness			
Loss of work/change in jobs			
Drugs or drinking problems			
Mental illness			
Psychiatric hospitalizations			
Serious legal troubles			
Out of home placement of child or siblings			
Financial stress			
Crime victim			

Have any of the child's close relatives had any of the following:

	<u>YES</u>	<u>NO</u>	<u>Relationship to Child</u>
Hyperactivity			
Bipolar disorder			
Depression			
Emotional problems			
Alcoholism			
Diabetes			
High blood pressure			
Heart disease			
Seizures			
Drug abuse			

Strengths:

What are the three best things about your child?

What would you most like to change about your child?

Signed: _____ Date: _____

Relationship to Child: _____

EXTRA Page for any additional information you wish to share.