Developmental/Social History Questionnaire

Child's Name: _____ DOB: ____ / ____ / _____ Age: _____
School: _____ Grade: _____ Grades Retained: _____
Child currently lives with: _____
Form completed by: _____ Relationship: _____

FAMILY MEMBERS

Relationship	Name	Age	Sex	Occupation/ School Grade	Living in the Home? Y/N
Parent 1					
Stepparent					
Parent 2					
Stepparent					
Sibling					
Sibling					
Sibling					
Sibling					

Other Adults Currently Living in the Home:
Name: _____ Age: _____ Relationship:_____
Name: _____ Age: _____ Relationship:_____

If parents are separated or divorced, please describe visitation or co-parenting schedule:

_____
_____

Describe any significant conflicts between the parents:

_____
_____

Reasons child is being referred for counseling:

_____
_____

Any previous counseling (dates/therapist name):

_____
_____

DEVELOPMENTAL HISTORY

<u>Mother's Pregnancy</u>

Illness or complications?	Y / N	
Smoking during pregnancy?	Y / N	
Using drugs/alcohol during pregnancy?	Y / N	
Take medications during pregnancy?	Y / N	
C-Section?	Y / N	
Premature Delivery?	Y / N	If yes, gestational age at delivery: _____
		Length of hospitalization after delivery: _____

Were any of the following present during child's early childhood? Please check the appropriate boxes:

_____ Did not enjoy cuddling	_____ Difficult to comfort	_____ Eating Difficulties
_____ Irritability	_____ Seizures	_____ Developmental delays
_____ Head Banging	_____ Difficulty Sleeping	_____ Excessive Sleep
_____ Demanding/Clingy	_____ Ear infections	_____ Colic

Was the child adopted? Y / N If yes, at what age? _____ From what country? _____
Please list what is known about care received before adoption: _____
_____
_____

Major history of learning or behavioral problems at home or school? Y / N If yes, please explain: _____
_____
_____

MEDICAL HISTORY

Any childhood illnesses? Y / N If yes, please list: _____
_____
_____
Hospitalizations/operations? Y / N If yes, please list: _____
_____
Head injuries? Y / N If yes, please list: _____
Eye problems? Y / N If yes, please list: _____
Allergies? Y / N If yes, please list: _____

PRESENT MEDICAL

Conditions/Concerns: _____
_____
Current medications & reasons for each: _____
_____
Doctor prescribing: _____ Phone Number: (_____) _____

CURRENT CONCERNS

Please check any of the following that are concerns for your child:

_____ Reading	_____ Handwriting	_____ Does not Listen	_____ Bedwetting
_____ Destroys Property	_____ Bedwetting	_____ Forgets Easily	_____ School Phobia
_____ Comprehension	_____ Poor Hygiene	_____ Distractibility	_____ Soils Pants
_____ Easily Frustrated	_____ Drug/Alcohol Use	_____ Tantrums	_____ Math
_____ Poor Peer Relations	_____ Talks Excessively	_____ Aggressive	_____ Disorganized
_____ Frequent Accidents	_____ Mood Changes	_____ Poor Response to Discipline	

Type of discipline you use: _____
Child's response to discipline: _____
Child's interests/talents: _____
Recent losses/changes in home: _____
Family history of drugs/alcohol/mental illness (describe): _____
_____
Any other information you feel would be helpful: _____
_____

PARENT OBSERVATIONS & SYMPTOM CHECKLIST

Child's Name: _____ Age: _____

Parent's Name: _____ Date: ____ / ____ / _____

Behavior	None	Mild	Moderate	Severe
Poor impulse control				
Aggression toward others (physical/verbal)				
Inappropriately demanding & clingy				
Deceitful (lying, conning) behavior				
Sleep disturbances				
Hyperactivity				
Persistent nonsense questions, incessant chatter				
Difficulty with novelty and change				
Perceives self as victim (helpless)				
Intense displays of anger (rages that can't be soothed)				
Frequently sad, depressed, hopeless				
Extreme mood changes				
Lack of eye contact				
Cannot tolerate limits and external control				
Lacks trust in others				
Manipulative, controlling, bossy				
Lack of remorse or conscience				
Does not like to be touched				
Accident prone				
Poor hygiene				
Victimizes others (bully), seeks revenge				
Blames others for own mistakes or problems				
No stable peer relationships				
Indiscriminately affectionate with strangers				
Poor self-esteem				
Does not seem to listen when spoken to directly				
Victimized by others				
Learning disorders/problems in school				
Lack of cause and effect thinking				
Cruelty to animals				
Inappropriate sexual conduct and attitudes				
Pre-occupation or obsessions with an object				
Frequently defies rules (oppositional)				
Abnormal eating habits				
Destruction of property				
Consistently irresponsible				
Stealing				
Unusually fearful				
Grandiose sense of self-importance/entitlement				
Poor organization and planning skills				