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Child Information and Developmental History

Date: _____ Person(s) completing this form: _____ Relationship to child: _____

Child's full name: _____ Birth date: _____ Age: _____

Child's address: _____

Health insurance for child: Private Company Medicaid None

Person(s) with legal custody of child

1. Natural Parent Adoptive Parent Step Parent Foster Parent

Name: _____

Address (if different from child's): _____ City: _____ State: _____ ZIP: _____

Telephone: (H) _____ (W) _____ (Other) _____

Marital/relationship status (check one):

Married Live with Partner Single Separated/Divorced Widowed Other

Employment status (check all that apply):

Employed Retired Disabled Student Homemaker Unemployed

If/when employed, what type of work? _____

Place of work: _____

2. Natural Parent Adoptive Parent Step Parent Foster Parent

Name: _____

Address (if different from child's): _____ City: _____ State: _____ ZIP: _____

Telephone: (H) _____ (W) _____ (Other) _____

Marital/relationship status (check one):

Married Live with Partner Single Separated/Divorced Widowed Other

Employment status (check all that apply):

Employed Retired Disabled Student Homemaker Unemployed

If/when employed, what type of work? _____

Place of work: _____

Child's natural parents, if not listed above: _____

Reason for not living with child: _____

CHILD INFORMATION AND DEVELOPMENTAL HISTORY

Adults and children living in child's home, if not listed above:

Name	Age	Sex	Relationship to child (step, foster, adoptive, unrelated, etc.)

Child's full or half brothers and sisters NOT living in child's home:

Name	Age	Sex	Living where?

Home setting:

Dates		Location	With whom	Reason for moving	Any problems?
From	To				

Residential placements, institutional placements or foster care:

Dates		Program name or location	Reason for placement	Problems?
From	To			

School:

School (name, district, address, phone)	Grade	Age	Teacher
	YES	NO	Describe
Has your child had learning problems?			
Has your child had social problems in school?			
Is your child receiving special help at school?			
Any other school concerns?			

May I call and discuss your child with the current teacher? Yes No

CHILD INFORMATION AND DEVELOPMENTAL HISTORY

What are your concerns about your child? _____

How long has this difficulty existed? _____

Have you previously sought help? Yes No

If yes, where and when? _____

Do you have any ideas about why your child is having problems now? _____

Current symptoms:

Symptom	Describe	When did this begin?

Child's Medical History

	YES	NO	Describe
Medical problems during pregnancy?			
Medications during pregnancy?			
Did either parent drink much alcohol during pregnancy?			
Other problems during pregnancy?			
Birth weight and length?			
Was child born premature?			How premature?
Any birth complications or problems?			
Problems with newborn period or infancy?			
Breast fed?			If so, for how long?
Was or is child allergic to medications, food, etc.?			
Sleep patterns or problems?			

Child's health:

Include all severe illnesses, accidents, operations, handicaps and repeated medical problems (such as ear infections, headaches, etc.) and other medical conditions.

Condition	Age	Treated by whom?	Consequences?

CHILD INFORMATION AND DEVELOPMENTAL HISTORY

Medications:

List all medications, past and present.

Medication	When first prescribed	Doctor	Effect

Child's pediatrician: _____

Address: _____ Telephone: _____

Date of last physical exam: _____ Results: _____

Child's Developmental History

Have you noticed any problems in development? Yes No

Describe: _____

Milestones:

At what age did the child do each of these? Were any of them difficult or slow to develop?

	Age	Describe
Sat without support		
Crawled		
Walked without holding on		
Helped when being dressed		
Ate with a fork		
Stayed dry all day? All night?		
Didn't soil pants		
Dressed self completely		
Age said first word		
Age said first sentences		
Any speech, hearing or other impediments/delays?		
Writing		
Reading		
Riding bicycle		
Tying shoes		

CHILD INFORMATION AND DEVELOPMENTAL HISTORY

Child's Temperament

	YES	NO	Describe
Is your child overactive?			
Does your child have trouble paying attention?			
Does your child have trouble staying with an activity?			
Does your child have fluctuating moods?			
Does your child get frustrated easily?			
Are your child's emotional responses generally unpredictable?			
Does it take your child a long time to warm up to new situations/people?			
Does your child react strongly to physical pain?			
Does your child react strongly to other things?			

Have there been any problems in the following areas?

	YES	NO	Describe
Discipline			
Temper or fighting			
Moods			
Relationship to others			
Sex play			
Other behaviors			

Child's Background

Has anyone in the family had the following? If so, specify relationship to child.

	YES	NO	Relationship	Describe
Neurological disease (seizures, etc.)				
Medical disease (e.g., diabetes, thyroid, heart disease)				
Emotional conditions				
Cognitive or physical delays				
Learning problems				
Behavior problems				
Excessive use of alcohol				
Excessive use of drugs				
Trouble with the law				
Trouble holding a job				
Physical abuse				
Sexual abuse				
Other				

Family Life Stresses

	YES	NO	Explain
Parental separation or divorce			
Family moves			
Recent deaths or losses (within last 3 years)			
Other major family changes			
Has anyone in your family seen a psychologist, psychiatrist or other mental health care worker?			
Any recent changes/stresses in living situation or family?			

<i>Rate your satisfaction (5 = satisfied, 1 = not satisfied)</i>	1	2	3	4	5	Describe
Your present marriage/relationship						
Your present work situation						
Your present living circumstances						

Summary

Please describe your child's strengths.

What are your child's special skills or talents? List hobbies, sports, recreational, TV, toy preferences, etc.

Please feel free to write anything else you think we should know about your child.
