



KATHERINE JEWETT LMFT

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Thriving, not just surviving your life.

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Child and Teen Developmental History Record

A. Identifications

1. Child's name: _____ Birthdate: _____ Age: _____

Person(s) completing this form: _____ Today's date: _____

2. Mother's name: _____ Birthdate: _____ Home phone: _____

Address: _____

Currently employed: No Yes, as: _____ Work phone: _____

3. Father's name: _____ Birthdate: _____ Home phone: _____

Address: _____

Currently employed: No Yes, as: _____ Work phone: _____

4. Parents are currently Married Divorced Remarried Never married Other:

Child's custodian/guardian is: _____

5. Stepparent's name: _____ Birthdate: _____ Home phone: _____

Address: _____

Currently employed: No Yes, as: _____ Work phone: _____

6. Other adult family members? _____

B. Development

Please fill in any information you have on the areas listed below.

1. Pregnancy and delivery

Prenatal medical illnesses and health care: _____

Was the child premature? No Yes. Weight and height at birth: _____ pounds _____

inches

Any birth complications or problems? _____

2. The first few months of life

Breast-fed? If so, for how long? Any allergies? _____

Sleep patterns or problems: _____

Personality: _____

3. Milestones: At what age did this child do each of these?

Sat without support: _____ Crawled: _____ Walked without holding on: _____

Helped when being dressed: _____ Tied shoelaces: _____ Buttoned buttons: _____

Ate with a fork: _____

Stayed dry all day: _____ Didn't soil his or her pants: _____ Stayed dry all night: _____

4. Speech/language development

Age when child said first word understandable to a stranger: _____

Age when child said first sentence understandable to a stranger: _____

Any speech, hearing, or language difficulties? _____

C. Health

List all childhood illnesses, hospitalizations, medications, allergies, head injuries, important accidents and injuries, surgeries, periods of loss of consciousness, convulsions/seizures, and other medical conditions.

| Condition | Age | Treated by whom? | Consequences? |
|-----------|-----|------------------|---------------|
|-----------|-----|------------------|---------------|

D. Residences

1. Homes

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

2. Residential placements, institutional placements, or foster care

| Dates | | Program name or location | Reason for placement | Problems? |
|-------|----|--------------------------|----------------------|-----------|
| From | to | | | |

E. Schools

| School (name, district, address, phone) | Grade | Age | Teacher |
|---|-------|-----|---------|
|---|-------|-----|---------|

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

F. Special skills or talents of child

List hobbies, sports; recreational, musical, TV, and toy preferences; etc.: _____

G. Other

Is there anything else I should know that doesn't appear on this or other forms, but that is or might be important?
