

# DEVELOPMENTAL HISTORY QUESTIONNAIRE



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## DEMOGRAPHIC INFORMATION

Child's name \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Telephone home \_\_\_\_\_

Mother's work number \_\_\_\_\_

Father's work number \_\_\_\_\_

Language(s) spoken at home \_\_\_\_\_

Religious affiliation (if any) \_\_\_\_\_

Does your family identify with or belong to any particular ethnic or cultural group:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FAMILY COMPOSITION

Please list all individuals who currently live with the child:

Name	Sex	Age	Relationship to child	Education	Occupation

Please list immediate family members not living in the home (for example, biological parent, step/biological brothers or sisters):

Name	Sex	Age	Relationship to child	Education	Occupation

Please list close family members who are deceased (parent, grandparents, brothers, sisters, others):

Name	Relationship to child	Month/year of death	Cause of death	sudden or after long illness	Education	Occupation

## PARENTS

Are biological/adoptive parents:

married
  common-law
  separated
  divorced

Have not lived together since birth of child \_\_\_ other (explain) \_\_\_\_\_

Is the child adopted? If so, when? \_\_\_\_\_

If biological parents are separated when did separation occur?

\_\_\_\_\_

If separated, has either biological/adoptive parent remarried?

\_\_\_\_\_

Years of current marriage or union: \_\_\_\_\_

Is the child the product of a current or previous union? \_\_\_\_\_

If either spouse/partner has been married previously, please indicate the following:

Length of father's previous marriage \_\_\_\_\_

Length of mother's previous marriage \_\_\_\_\_

If widowed, please give date of spouse's death \_\_\_\_\_

Other information about your spousal relationship that might affect this child:

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## **PROBLEM IDENTIFICATION**

Please describe in your own words the problem for which you are seeking advice/assessment/therapy:

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What do you think is the cause of this problem: \_\_\_\_\_

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To date, what steps have you taken to deal with your concerns?

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In what ways has this problem affected your family?

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One problem may be related to or influenced by different family situations. Has your family experienced any of the following circumstances in the past two years?

- Separation
- Illness of family member
- Divorce
- Change of residence
- Conflict in the home
- Loss/Change of job
- Drug or alcohol abuse
- Legal problems
- Addition to the household (birth of child, grandparent, nanny, relative)

Other problems or stressors (please explain)

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**FAMILY MEDICAL HISTORY**

Have any family members or relatives experienced learning disabilities, attention problems, depression, anxiety, drug addiction, mental illness, suicidal concerns, or other social/emotional difficulties?

yes       no

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What serious physical or psychiatric illnesses, accidents, surgeries has your family had to cope with?

Name	Diagnosis	Year began	Duration of treatment	Present condition

**PARENTING**

Describe what you see as your strengths and challenges as a parent?

Mother \_\_\_\_\_  
\_\_\_\_\_

Father \_\_\_\_\_  
\_\_\_\_\_

What do you see as your child's personal strengths (his or her strong points)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **DEVELOPMENTAL/MEDICAL HISTORY**

Family physician \_\_\_\_\_

Pediatrician \_\_\_\_\_

## **PRENATAL**

Were there any complications with your pregnancy with the referred child?

yes       no

If yes, please explain \_\_\_\_\_

Where any medications used during the pregnancy?

yes       no

If yes, please explain \_\_\_\_\_

Did you enjoy and feel comfortable with your pregnancy? \_\_\_\_\_

Did you feel prepared for the pregnancy and birth of your child (physically and psychologically)?

\_\_\_\_\_  
\_\_\_\_\_

Length of pregnancy \_\_\_\_\_ Number of previous pregnancies \_\_\_\_\_

## BIRTH

Length of labour \_\_\_\_\_ Any complications? \_\_\_\_\_

Induced             Fetal distress             C-section             Forceps used

Was there anything about the birth that was unusual or disturbing?

\_\_\_\_\_

Did the mother experience any post-partum blues or depression?

yes             no

If yes, how long did it last? \_\_\_\_\_

Was there anything about becoming a parent that surprised or worried you?

Mother \_\_\_\_\_

Father \_\_\_\_\_

## NEONATAL

Baby's birth weight: \_\_\_\_\_

Following delivery did the baby:

look blue at birth             require oxygen             have jaundice

Was medication used?             yes             no

If yes, what reason \_\_\_\_\_

Bottle or breastfed? \_\_\_\_\_ How long? \_\_\_\_\_



Were there problems with:

- Sucking
- Feeding
- Breathing
- Colic
- Vomiting
- Breathing
- Crying
- Sleeping
- Food refusa

Describe your child's temperament as a baby. What kind of baby was he/she?

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How easy/hard was it to bond with your baby?

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## CHILDHOOD

Has your child ever experienced:

- hospitalization
- measles
- seizures
- high fever
- AIDS
- head injury
- vision problems
- meningitis/encephalitis
- bone fractures
- polio
- mumps
- asthma
- ear infections
- rheumatism
- migraines
- frequent colds
- dark circles under eyes
- diabetes
- dizzy spells
- scarlet fever
- infections
- hives
- heart disease
- wheezing
- food allergies
- drug allergies
- environmental allergies

Other medical conditions \_\_\_\_\_

Comments \_\_\_\_\_

Are there any medical problems currently affecting your child?

yes       no

If yes, explain

\_\_\_\_\_

Is your child currently receiving any medications?

yes       no

If yes, explain \_\_\_\_\_

Does your child miss school frequently because of illness?

yes       no

If yes, how frequently in the past year? \_\_\_\_\_

Please indicate any hospitalizations/injuries/accidents/operations your child has experienced:

Description	Age	Length of Hospital	Stay



Did you have any early concerns about your child's development in the following skill areas?

Area	Explain
Gross motor: running, walking, throwing	
Fine motor: using a pencil, manipulating objects	
Speech and language: comprehension, pronunciation, verbal expression	
Cognitive development: general intelligence, learning, memory, ability to problem-solve, planning	
Activity level, concentration, emotional regulation	
Social development: playing, social skills, peer interactions, making friends	
Independent functioning: eating, dressing self, personal hygiene	
Other	

Are any of these developmental areas still a concern to you now?

yes       no

If yes, explain: \_\_\_\_\_

Has your child ever been separated from your family?

yes       no

If yes, explain (please give age, length of separation, reason, and child's reaction)

\_\_\_\_\_

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Does your child currently become anxious around separations that occur in your routine?

yes       no

If yes,  
explain \_\_\_\_\_

## BEHAVIOURAL CONCERNS

Please check only the behaviours that are or were a concern to you:

	Infancy (0-2 years)	Preschool (2-5 years)	School age (6 to 10 years)	Adolescence (11 plus years)
Eating problems				
Sleeping problems				
Temper tantrums				
Thumb sucking				
Sexualized behaviour				
Breath holding				
Muscle tics				
Unusual fears				
Anxious, worrying				
Separation anxiety				
Refusal to speak				
High activity level				
Destructiveness				

Please check only the behaviours that are or were a concern to you (continued...):

	Infancy (0-2 years)	Preschool (2-5 years)	School age (6 to 10 years)	Adolescence (11 plus years)
Fire setting				
Aggressiveness				
Sibling rivalry				
Inability to concentrate				
Lying				
Restlessness				
Stealing				
Excessive sadness, crying				
Cruelty to younger children or animals				
Stubbornness				
Easily distracted				
Distinct mood swings				
Overly compliant				
Nightmares				
Night terrors				
Physical problems without known cause				
Drug/alcohol use				

Please check only the behaviours that are or were a concern to you (continued...):

	Infancy (0-2 years)	Preschool (2-5 years)	School age (6 to 10 years)	Adolescence (11 plus years)
Immature behaviour				
Talks about killing self				
Skips school				
Isolated or withdrawn				
Easily frustrated				
Impulsive- acts without thinking				
Running away from home				

Has your child had any particularly difficult years? Please describe:

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## CHILD MANAGEMENT

Who usually disciplines your child?

- Father       Mother       Both       Other

What have you found to be the most effective methods of managing/disciplining your child? (e.g., time out, taking away privileges, reasoning, rewards, spanking etc.)

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How does your child react to discipline or limit-setting?

Is there agreement among the adults in your household on methods of child management?

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## CHILD CARE/PRE-SCHOOL EXPERIENCES

Early child care provided by:

- Parents only from \_\_\_ to \_\_\_ years of age
- Babysitters from \_\_\_ to \_\_\_ years of age
- Nanny from \_\_\_ to \_\_\_ years of age
- Day care from \_\_\_ to \_\_\_ years of age
- Pre-school from \_\_\_ to \_\_\_ years of age
- Other from \_\_\_ to \_\_\_ years of age

How did your child react/adjust to these child care experiences?

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Were you satisfied with the care your child received?

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## SCHOOL EXPERIENCES

School(s) attended:

Location:

Has your child received or been involved in any of the following?

- |   |   |
|---|---|
| <input type="checkbox"/> Learning disability/special ed class | <input type="checkbox"/> Language immersion |
| <input type="checkbox"/> Behavioural adjustment class         | <input type="checkbox"/> Readiness programs |
| <input type="checkbox"/> Remedial classes                     | <input type="checkbox"/> Tutoring           |
| <input type="checkbox"/> Enrichment/gifted classes            | <input type="checkbox"/> Grade failure      |

Are you satisfied with your child's current school program?

- yes                       no

Comments:

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Does your child:

Like school

no       yes

Like teachers

no       yes

Get along with peers

no       yes

List any school problems which are of concern to you:

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#### ADDITIONAL COMMENTS

Please provide any additional information that you feel is relevant to this referral:

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This form was completed by

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Relationship to child

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Date completed

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