



BACKGROUND INFORMATION & MEDICAL HISTORY

IDENTIFYING INFORMATION:

Child's Name: _____

Mother's Name: _____ DOB: _____

Father's Name: _____ DOB: _____

Siblings:

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

4. _____ Age: _____

List your primary concern:

List any developmental issues with siblings:

Child lives with (Check one):

- Both parents
- Family member Please specify: _____
- Parent/Step-parent Please specify: _____
- Foster parent
- Other Please specify: _____

Primary language spoken in the home: _____

Other languages spoken in the home: _____

BIRTH HISTORY

Age of mother at delivery: _____

Length of pregnancy: _____

Vaginal or C-section (Please circle one)

Any medical complications during pregnancy in regards to the mother?

Yes ____ No ____ . If YES, please specify

Any medical complications during pregnancy in regards to the baby?

Yes ____ No ____ . If YES, please specify

Baby's Weight at birth: _____

Developmental Milestones:

What age did you child begin to:

- Sit unsupported _____
- Crawl _____ How long did they crawl before walking? _____
- Stand _____
- Walk _____ Did they cruise on furniture before walking? _____
- Self Feed _____
- Single word _____
- Multiple words _____
- Sentences _____
- Dress Self _____
- Toilet Trained _____

Please list any injuries, illnesses, surgeries or other medical/psychological diagnoses for your child:

Write all medications, if any:

Any allergies?

Signature: _____

Date: _____