Child Development History Form

Child's Information:

- Full Name: ______________________________
- Date of Birth: //____
- Gender: ☐ Male ☐ Female ☐ Other
- Home Address: ____
- City: ________________ State: ___________ Zip Code: ___________
- Primary Language Spoken at Home: _______________________
- Other Languages Spoken: ________________________________

Parent/Guardian Information:

- Parent/Guardian Name: __________________________________
- Relationship to Child: __________________________________
- Contact Number: _____________________
- Email Address: _______________________
- Emergency Contact Name & Number: _____________________

Pregnancy and Birth History:

- Was the pregnancy full-term? ☐ Yes ☐ No (If no, how many weeks? ________)
- Any complications during pregnancy or birth? ☐ Yes ☐ No (If yes, please describe): ____
- Birth Weight: ________ lbs _______ oz
- Was the child born with any health concerns? ☐ Yes ☐ No (If yes, explain): ____

Medical History:

- Has your child had any serious illnesses, hospitalizations, or surgeries? ☐ Yes ☐ No
  - If yes, explain: ____
- Does your child have any known allergies? ☐ Yes ☐ No (If yes, list): ________________
- Does your child take any medications regularly? ☐ Yes ☐ No (If yes, list): ____________
- Has your child been diagnosed with any medical conditions? ☐ Yes ☐ No (If yes, explain): ________________
- Does your child have a primary care physician? ☐ Yes ☐ No
  - Doctor's Name: _____________________ Contact Number: ________________

Developmental Milestones:

- At what age did your child:
  - Sit without support? ________
  - Crawl? ________
  - Walk independently? ________
  - Say first words? ________
  - Speak in short sentences? ________
  - Toilet train? ________
- Are there any concerns about your child's development? ☐ Yes ☐ No (If yes, explain): _________________________________

Social and Emotional Development:

- How does your child interact with other children? _________________
- How does your child respond to new environments or situations? _________________
- Does your child have any fears or anxieties? ☐ Yes ☐ No (If yes, explain): ____________
- What are your child's favorite activities? _________________

Education and Learning:

- Has your child attended daycare or preschool? ☐ Yes ☐ No
  - If yes, name of school/program: _________________
- Does your child have any difficulty with learning or attention? ☐ Yes ☐ No
- Has your child been evaluated for speech, occupational, or physical therapy? ☐ Yes ☐ No
- Any additional comments regarding learning preferences or challenges? _________________

Family and Home Environment:

- Who lives in the household with the child? _________________
- Does your child have siblings? ☐ Yes ☐ No (If yes, list names and ages): _________________
- Does your child have a consistent daily routine? ☐ Yes ☐ No
- Are there any cultural or religious considerations we should be aware of? _________________

Additional Information:

- Are there any other concerns or important information you would like to share? _________________