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DEVELOPMENTAL HISTORY QUESTIONNAIRE

This questionnaire is designed to help me get more information about your child and your family so that I can be most helpful to you. Please answer the questions to the best of your ability, but don't worry if you can't answer them all or if you don't know certain information.

Client Name _____ **Date of Birth:** _____

Parent(s) Name(s) _____

Current problem:

Describe the difficulties your child and/or family are currently facing and how long they have been going on:

History:

Date of child's birth _____ Place of birth _____

Was your child adopted? If so, please describe any notable circumstances regarding the adoption:

Were there any complications with your child's prenatal care, birth or early development? If so, describe:

How is your child's overall health? List any significant illnesses or surgeries.

How would you describe your child's personality and mood?

Medications:

Please list any medications that your child is currently taking, including allergy medications.

Sleep:

How many hours of sleep does your child get per night? _____

Describe any difficulties with sleep, i.e. nightmares, unable to fall asleep, wakes up often at night:

Diet:

How would you describe your child's diet?

Does your child have problems with his or her weigh (underweight, overweight, rapidly changing)?

Exercise:

Describe your child's participation in physical activities and any particular athletic interests.

Social:

How would you describe your child's friendships? Does your child have many friends? Close friends?

How well does your child play with other children and siblings?

How does your child tend to spend his/her social time?

Home:

How would you describe the current atmosphere in your home?

Does any member of your family suffer from alcoholism, substance abuse, or anything that could be called a mental disorder? If so, how has this affected the rest of the family?

Academic:

What grade is your child currently in? _____

How would you describe his/her experience in school?

Is your child enrolled in special education classes? If so, please describe what kind of academic support your child receives and bring a copy of your child's individualized education plan (IEP) to your first session.

Please put a check mark by any of the following behaviors that your child has experienced in the last 6 months:

Increased/decreased appetite	Lack of energy/lethargy
Isolates from others	Repetitive behaviors
Loss of interest in activities	Peer problems
Hyperactivity (can't sit still, fidgets)	Poor school attendance
Can't complete homework	Hurts animals
Crying spells	Nightmares
Increased fears or worries	Flashbacks
Sleep problems	Too much energy
Short attention span	Trouble concentrating
Increased anger	Sexual acting out
Abuse of alcohol/drugs (teenagers)	Doesn't complete chores
Doesn't follow rules	Racing thoughts
Increased irritability	Mood swings
Nervousness	Violent actions toward self or others
Complaints of physical ailments	Change in weight
Easily frustrated	Stealing
Low self-esteem	Depressed mood
Poor academic performance	Unusual/extreme euphoria
Disruptive in the classroom	Recklessness/accident proneness
Self-hate	Procrastination
Sets fires	Hearing voices that others don't
Seeing things that others don't	Seems disoriented

Please feel free to elaborate on any of the above behaviors (use back of sheet as needed):

In addition to possible symptoms, I am very interested in areas of strength that support your child's progress. Please tell me about your child's strengths. This can be the way he/she relates with others, activities he/she is involved in, academic and artistic strengths.

Safety:

Has your child ever become violent with another person? If so, describe:

Has your child been in trouble with the law? If so, describe:

Has your child ever talked about wanting to hurt or kill himself/herself? If so, describe:

Has he/she ever attempted suicide that you know of? If so, describe:

Has he/she ever been hospitalized for psychological problems? If so, describe:

Parents' Occupational Information:

What kind of work are you doing now? How satisfying is your work? If there is more than one parent, include information on all caregivers.

Relationship Status:

Describe the caregivers with whom your child lives and their relationship to each other and to your child (married, divorced, stepparents, grandparents, etc.). If there is joint custody between parents, please bring a copy of the custody agreement and both parents must be informed about their child's participation in therapy and sign the consent to treatment for their child.

Religion:

Does your family participate in religious activities? If so, please describe anything you would like me to know about your religious beliefs or involvement.

Cultural:

Does your child identify with a particular cultural or ethnic group? If so, please describe what this identification means to your child and/or to your family.

Psychological:

Describe any past therapy experiences that your child or other family members have had (include dates). What worked or didn't work?

Experience with Therapy:

What do you hope to get out of our work together?

Do you have ideas about any approaches or techniques that work best for your child and your family?

Other:

Is there anything else that you would like me to know that would be helpful in our work together?