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Child Developmental History Record

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?

Child Developmental History Record

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

Consequences?

Age

Treated by whom?

(cont.)

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D. Residences

1. Homes

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

2. Residential placements, institutional placements, or foster care

Dates		Program name or location	Reason for placement
From	to		

Problems?

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?

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.