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Developmental History Questionnaire

To be completed for patients of Dr. Hannah Price's, who are 17 years old or younger.

CHILD'S NAME: _____ **DATE:** _____

DATE OF BIRTH: _____ **AGE:** _____

INFORMANT: _____ **RELATIONSHIP:** _____

PRENATAL HISTORY

Mother's health during pregnancy: Good Fair Poor Don't Know

Age of mother at child's birth _____

If there were complications during pregnancy, please describe:

Were any of the following medications or substances used during pregnancy?

Alcoholic beverages Frequency: _____

Caffeine (coffee, tea, soda) Frequency: _____

Cigarettes Frequency: _____

Other medications (Please explain): _____

If there were complications during delivery, please explain:

Was your child born at Full term, _____ weeks early, _____ weeks late?

Type of delivery: Vaginal Caesarean section Induced Forceps used

Child's birth weight: _____

Child's condition at birth: Good Fair Poor Don't know

Did your child require a stay in the NICU? Please describe if so:

EARLY DEVELOPMENT

Did your child experience any medical problems during infancy? No Yes
If yes, please describe:

Was your child an easy baby, meaning did he or she cry often or follow a schedule fairly well? Very easy Average Difficult Very Difficult

During childhood, did he or she have problems with any of the following?

Hearing Vision Speech Gross motor skills
(running, climbing, riding a bike)

Fine motor skills (tying shoes buttoning, coloring, handwriting) Social Skills

If any of the above categories were checked, please explain:

MEDICAL/HEALTH STATUS

Has your child had any significant health or medical problems? (chronic condition, surgery, injury, hospitalization)? No Yes If yes, please explain:

Has your child had any significant head injury or injury when he or she lost consciousness? No Yes If yes, please explain:

Does your child take any medications regularly? No Yes If yes, please provide name of medication(s), physician who prescribed medication, and duration of use.

Has your child been evaluated or treated by a mental health professional previously? No Yes If yes, please provide relevant information:

