

Micah Altman, Psy.D.
801 East 2nd Street
Benicia, CA 94510
Voice and Fax: (707) 747-9178
Email: Micah@braindoc.info

Lic. #PSY10816

CHILD DEVELOPMENT HISTORY

Child's Name: _____ Today's Date _____
Date of Birth: _____ Age _____ Gender _____
Person filling out this form: _____

Please describe the reasons for bringing your child to therapy at this time:

What have you already tried for these problems:

What other concerns do you have:

Please describe child's living arrangement and everyone's name, age, and relationship, living with the child:

Please list all parents, step-parents, and siblings with whom the child does NOT live:

If parents are divorced or separated, age of child at time of separation: _____

Other important people in child's life:

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Child's Ethnic Background: _____
Languages Spoken at Home: _____
Religion: _____

Please describe child's temperament, likes and dislikes:

School History

Child's School: _____ Grade: _____
Current or Past Special Services Received at School:

Current or Past School Problems, academic or behavioral:

Any special academic or psychological evaluations? List dates and results:

Developmental History

Any complications or problems with pregnancy or delivery?

Any medications, drugs or alcohol during pregnancy?

Birth Weight: _____ Length: _____ APGAR : _____

Infant Temperment: _____

Nursed or Formula Fed? _____ Any Feeding/Eating Issues? _____

Sleeping Issues? _____

Please list important events in the child's life ie deaths, moves, separations, etc. :

How does child get along with peers and siblings?

How does your child respond to authority?

Please provide any other information which you feel is important or would be helpful for me to know:

Medical History

List any hospitalizations, injuries or illnesses:

Allergies: _____

Current and prior medications:

Physical complaints or restrictions:

Family History

Do any family members, including siblings, parents, grandparents, aunts, uncles or cousins have any history of the following?

Serious or chronic medical problems:

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Emotional or mental illness:

Drug or alcohol abuse:
