

**Exeter Counseling Center  
Developmental History Form**

*Please Print*

**Child's Name** \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Education \_\_\_\_\_

\_\_\_\_\_ Occupation \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Education \_\_\_\_\_

(if different) \_\_\_\_\_ Occupation \_\_\_\_\_

What is your biggest concern about your child?

Please describe your current family circumstances, including any pertinent information regarding siblings, including names and ages; divorce, custody and visitation; adoption; step-relatives or partners; family stressors and/or quality of family relationships.

Is there any family history of psychiatric conditions (e.g., depression, anxiety, Bipolar Disorder, schizophrenia), learning disorders, or substance abuse? Please describe:

**Pregnancy and Birth:**

1. Please describe any unusual circumstances pertaining to pregnancy (e.g., German measles, RH incompatibility, maternal substance use, false labor):

2. Length of pregnancy: \_\_\_\_\_ Duration of labor: \_\_\_\_\_ Birth Weight: \_\_\_\_\_

3. How old was this child's mother at childbirth?

4. Please describe any problems with delivery such as breech presentation, Caesarian section, etc.:

**Developmental History:**

1. Describe your child's temperament during infancy:

2. Please describe any developmental delays, problems, or concerns:

3. Has your child had difficulty with strangers or separating from parents?

**Medical History:**

Child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical: \_\_\_\_\_

1. Have there been any medical problems other than normal childhood illnesses? If yes, please describe:

2. Does your child wear glasses? \_\_\_\_\_ Are there any concerns regarding his/her hearing? \_\_\_\_\_

3. Is your child currently under the care of a doctor? \_\_\_\_\_ Please explain:

4. Does he/she presently take any medication? \_\_\_\_\_ Please list the names of the medications and dosages, as well as the length of time the child has taken this medication and his/her response (benefits/side-effects) to it.

**Educational History:**

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

1. What are your child's typical grades in the following subjects:

English \_\_\_\_\_ Math \_\_\_\_\_ Science \_\_\_\_\_ History/Soc Studies \_\_\_\_\_

2. Have there been any recent changes in your child's school performance?

3. Has your child repeated or skipped any grades? \_\_\_\_\_ Please describe:

4. Is your child frequently absent from school? If yes, please explain:

5. Do teachers express any concerns about your child's emotions, behavior or relationships at school? Please describe:

6. Do you have any concerns about your child's speech and/or learning abilities? \_\_\_\_\_  
Please describe:

7. Does your child have an Individual Education Plan, a 504 Plan, or does he/she receive any other form of special educational services? Please describe:

**Emotional and Behavioral Functioning:**

1. What are your child's strengths?

2. What are your child's interests and favorite activities?

3. Please describe your child's friendships outside of the family:

4. Are there any concerns regarding your child's mood or emotional functioning? Please describe.

5. Are there any concerns about your child's behavior and/or your ability to discipline him or her? Please describe.

6. Has your child met with a therapist previously? \_\_\_\_\_ If so, please provide details:

7. Has your child had any psychological testing? \_\_\_\_\_ When and where?  
For what reason?

Thank you for taking the time to fill out this form. It helps us to get a more complete picture of your child and your worries about him or her.