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Child Developmental History Record

The information contained in this form is helpful in understanding your child's current behavioral and emotional functioning. Please note that all questions are optional.

A. Identifying Information

1. Child's name: _____
Date of Birth: _____ Age: _____ Ethnicity/Race: _____
Predominant Language: _____ Language spoken at home: _____

Name of person(s) completing this form: _____ Relationship to child: _____
Today's date: _____
2. Parent's name: _____
Address: _____ Home Phone: _____
Currently employed: No Yes, as: _____ Work Phone: _____
3. Parent's name: _____
Address: _____ Home Phone: _____
Currently employed: No Yes, as: _____ Work Phone: _____
4. Child's custodian/guardian is: _____
5. Step-parent's name: _____
Address: _____ Home Phone: _____
Currently employed: No Yes, as: _____ Work Phone: _____
6. School your child attends: _____ Grade: _____
How long has your child been at this school? _____
Address: _____
Teacher's name: _____ Phone: _____
What type of classroom is your child currently in (regular ed., special ed., gifted program)? _____
7. Pediatrician's name: _____ Phone: _____
Address: _____ Date of last visit: _____

B. Clinical Information

1. How did you hear about us? _____

Name: _____ Phone Number: _____

Address: _____

2. Chief Concern

Please indicate why you are currently seeking psychological services for your child:

3. Prior Treatment

Has your child ever received psychological/psychiatric services or counseling? ___Yes ___No

If yes, please indicate reason, approximate dates, duration and type of treatment, and results:

Has your child ever taken medications for psychiatric or emotional difficulties? ___Yes ___No

If yes, please indicate medications taken, when they were taken, and results:

Has your child ever been hospitalized for psychiatric reasons? ___Yes ___No

If yes, please indicate approximate dates and location(s):

4. Family Psychiatric History

Please indicate any history of psychiatric or emotional difficulties among immediate or extended family members:

C. Psychosocial Information

1. School Functioning

Please list the schools your child has attended:

School Name & Address	Grades Attended
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Has your child ever received a Child Study Team Evaluation or been tested for academic and/or behavioral concerns? ___No ___Yes

If yes, please describe when and by whom: _____
_____ (If the testing report is available, please attach a copy)

Has your child ever been placed or recommended for a special academic setting such as special education or a gifted program? ___No ___Yes,
classification/program: _____

Has your child received ongoing support services within the school such as occupational therapy, speech therapy, or counseling? ___No ___Yes,
services: _____

Please describe any academic services, outside of school, your child is receiving (for example tutoring or an afterschool program)? _____

Has your child ever repeated a grade? ___No ___Yes, grade(s) _____

What do you feel are your child's academic strengths and difficulties weaknesses?

Please indicate the grades your child obtained on his/her most recent report card (if available, please attach a copy of this report card):

How does your child's teacher describe his/her classroom behavior?

2. Social Functioning

Please indicate who lives in your household at this time:

<u>Name</u>	<u>Age</u>	<u>Relationship to Child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How do you feel your child gets along with other members of his/her family?

What are your child's primary interests?

Has your child had any speech, hearing, or language difficulties? If so, please describe:

Approximate date of last physical exam: _____

Present height: _____ Present weight: _____

Please list any past or current prescription medications your child has taken/is taking (excluding psychiatric medication and antibiotics):

<u>Medication</u>	<u>When taken</u>	<u>Purpose</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Additional Information

Is there anything else I should know that might be helpful in understanding your child?
