

PHONE.: +1 (310) 207-1720
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Child Developmental History Record

A. 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, ounces _____ inches

Any birth complications or problems? _____

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2. The first few months of life

Breast-fed? If so, for how long? Any allergies? _____

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: _____ Other: _____ Other: _____

4. Speech/language development

Age when child said first word understandable to a stranger: _____

Age when child said first short sentence understandable to a stranger: _____

Any speech, hearing, or language difficulties? _____

Other Communication Difficulty: _____

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	Age	Treated by whom?	Consequences?
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D. Residences

1. Homes

Dates

From	To	Location	With whom	Reason for moving	Any problems?

2. Residential placements, institutional placements, or foster care

Dates

From	To	Program name/Location	Reason for placement	Problems?

E. Schools

School (name, district, address, phone)	Grade	Age	Teacher
Daycare: _____			
Preschool: _____			
Elementary School: _____			

Middle School: _____			

High School: _____			

Secondary Education/Training: _____			

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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?

