

PERSONAL HISTORY

Name of Child _____

Parent's Marital Status: Married ___ Separated ___ Divorced ___ Single ___

Name of Stepfather/Stepmother _____

Custody/visiting arrangements _____

If child is adopted:

Age at adoption _____ Does child know he or she is adopted? _____

Brothers and sisters of child:

Name _____ DOB _____ Grade in school _____

Name _____ DOB _____ Grade in school _____

Name _____ DOB _____ Grade in school _____

Name _____ DOB _____ Grade in school _____

Other permanent members of household (including relationship and age):

Name _____ Relationship _____ Age _____

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Does child have room alone? _____ If not, with whom? _____

Has the child had group play experience? _____ Where? _____

Does the child have neighborhood playmates? _____ Specify _____

When and with whom does the child watch TV? _____

Total hours per week of TV viewing _____

DEVELOPMENTAL HISTORY

Age at which child:

Crept on hands and knees _____ Sat Alone _____

Walked Unassisted _____ Named simple objects _____

Repeated short sentences _____ Slept through the night _____

Began Toilet Training _____ Is child toilet trained? _____

Word child uses for urination _____ Bowel movements _____

Usual time for BM _____ Does child dress self? _____

Undress self? _____ Is child right or left handed? _____

What time does child usually eat:

Breakfast? _____ Lunch? _____ Dinner? _____

Are there any eating problems or dietary restrictions?

Specify _____

Time child goes to bed at night _____ Awakens _____

Does child sleep well? _____ Does child nap? _____