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Child Developmental History Record

A. Identifications

1. Child's name: _____ Date of Birth: _____ Age: _____

Person(s) completing this form: _____ Relationship: _____

Today's date: _____

2. Mother's name: _____ Date of Birth: _____

3. Father's name: _____ Date of Birth: _____

4. Parents are currently Married Divorced Remarried Never married

Other: _____

Child's custodian/guardian is: _____

5. Step-parent's name: _____ Date of Birth: _____

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 _____ inches

Any birth complications or problems? _____

Was the pregnancy planned or a surprise: _____

2. The first few months of life

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

Sleep patterns or problems: _____

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: _____

4. Speech/language development

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

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

Any speech, hearing, or language difficulties? _____

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		Location	With whom	Reason for moving	Any problems?
From	To				

2. Residential placements, institutional placements, or foster care

Dates		Program name or location	Reason for placement	Problems?
From	to			

E. Schools

School (name, district, address, phone)

Grade Age Teacher

May I call and discuss your child with the current teacher? Yes No

Name and contact information: _____

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?

