

# Children First Counseling, LLC

Renee L Armstead, MA, LPCC, RPT-S  
Licensed Professional Clinical Counselor, Registered Play Therapist Supervisor  
1115 Bethel Rd  
Columbus, Ohio 43220  
Ph. 614.634.3513

## Child Developmental History Record

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**Presenting Problem: Why are you here today?**

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**How were you referred to Children First Counseling?** \_\_\_\_\_

### A. Identifications

1. Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Person(s) completing this form: \_\_\_\_\_ Today's date: \_\_\_\_\_

2. Mother's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

3. Father's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

4. Parents are currently Married Divorced Remarried Never married Other: \_\_\_\_\_

5. Stepparent's name: \_\_\_\_\_ Birthdate \_\_\_\_\_ Home phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

6. Siblings names: \_\_\_\_\_ Birthdates \_\_\_\_\_

### B. Development

Please fill in any information you have on the areas listed below.

#### 1. Pregnancy and delivery

Prenatal medical illnesses and health care:

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Was the child premature? \_\_\_\_\_ Weight and height at birth: \_\_\_\_\_  
Any birth complications or problems?

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#### 2. Milestones: At what age did this child do each of these?

Sat without support: \_\_\_\_\_

Crawled: \_\_\_\_\_ Walked \_\_\_\_\_

Stayed dry all day: \_\_\_\_\_

Didn't soil his/her pants: \_\_\_\_\_

Stayed dry all night: \_\_\_\_\_

3. Speech/language development  
Any speech, hearing, or language difficulties?

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**C. Health**

Primary Care Physician \_\_\_\_\_  
Address/Phone \_\_\_\_\_

List all childhood illnesses, hospitalizations, medications, allergies, head trauma, important accidents and injuries, surgeries, periods of loss of consciousness, convulsions/seizures, and other medical conditions.

Condition	Age	Treated by whom?	Consequences?

**D. Residences**

1. Homes  
Dates

From	To	Location	Reason for moving	With whom	Any problems?

**E. School**

School (Name, district, address, phone)	Grade	Teacher

Is your child currently under an I.E.P plan? \_\_\_\_\_  
Special Education needs \_\_\_\_\_

**F. Special skills or talents of child**

List hobbies, sports; recreational, TV, and toy preferences; etc.:

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**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?

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**H. Behavior**

Please list any behaviors that concern you about your child.

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Parent/Guardian signature

Date