

Children First Counseling, LLC

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Child Developmental History Record

Presenting Problem: Why are you here today?

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:

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

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?

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.:

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?

H. Behavior

Please list any behaviors that concern you about your child.

Parent/Guardian signature

Date