



Child's Name: _____

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DEVELOPMENTAL HISTORY QUESTIONNAIRE

Caregivers: This questionnaire has been prepared to allow review of your child's early development in a variety of areas, which may not be obviously relevant to the reason your child will be seen in my office. Please take the time to complete each of the following pages as thoroughly as possible, and feel free to add your comments and elaborations on the reverse of any page. Thank you, in advance, for your time and effort with this form.

DEMOGRAPHICS

1. This child's full name is: _____
2. The child's date of birth is: _____
3. This child's present primary address is: _____

SEPARATION AND DIVORCE: If this child's caregivers have separated or divorced any time since the child's birth, please indicate on the reverse (a) dates of separations, reunion, divorce and remarriages, as applicable; (b) the legal conditions of visitation and custody; and (c) your feeling about whether this child was successfully kept out of the middle of the divorce.

FOSTER CARE AND ADOPTION: If this child is or has been in foster care, or is adopted, please indicate on the reverse (a) dates and reasons for foster care; (b) plan for return to or contact with other caregivers; and/or (c) details and history about natural parents/ reasons for adoption.

4. The name of the person completing this form is:

5. This child is presently in the _____ grade.

6. How would you describe this child's physical appearance? (Include a photo if



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you wish)

7. Has this child reached puberty? YES NO.
8. Has this child ever been in psychotherapy before? YES NO.
Please elaborate on reverse.
9. This child's response upon learning that s/he has been referred for psychological services was:
_____ "No way! I'm not going!"
_____ "I'll give it a try."
_____ Child requested services.
_____ "Okay, if I have to..."
_____ Child doesn't know yet.

CONCEPTION AND DELIVERY

10. Was this child's conception planned? YES NO.
11. How long was necessary to become pregnant? _____ Months.
12. What was the reaction to learning of the pregnancy?
Father: _____
Mother: _____
13. Was the baby carried to term (9 months)? YES NO.
14. Birth Weight: _____ pounds and _____ ounces.
15. Birth Length: _____ inches.
16. During pregnancy, the child's natural mother did which of the following?
_____ Smoked Tobacco
_____ Drank Alcohol
_____ Was Injured or Fell
_____ Had Serious Illness/Surgery
_____ Used Prescription Drugs. Please Specify: _____
_____ Experienced Other Major Stress. Please Specify: _____



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17. Please indicate which of the following was true of delivery:

- _____ Vaginal Delivery
- _____ Cesarean Section
- _____ V-Back
- _____ Mother Had General Anesthetic
- _____ Mother and Child Had Skin-to-Skin Contact After Birth
- _____ Baby Experienced Fetal Distress. Please Specify:

18. What were the child's APGAR scores? _____ and _____

19. Did mother or child experience medical complications following delivery?
 YES NO. Please elaborate on reverse.

20. Mother returned home _____ days after delivery.
 Child returned home _____ days after delivery.

INFANCY AND TODDLER YEARS (Approximately ages 0 - 2 years old)

21. Please check in the boxes below which caregiver was primarily responsible for each of the activities listed at left.

| ACTIVITY | MOTHER | FATHER | OTHER (Please Specify) |
|----------------------|--------|--------|------------------------|
| Feeding | _____ | _____ | _____ |
| Bathing | _____ | _____ | _____ |
| Diapering | _____ | _____ | _____ |
| Responding to Crying | _____ | _____ | _____ |
| Playing | _____ | _____ | _____ |

22. Was this child breast-fed? YES NO.
 If so, s/he was weaned at _____ months old.

23. Did you feel that any of the child's early behaviors were "odd" or "unusual"?
 YES NO. Please elaborate on reverse.

24. Please note the approximate ages at which this child consistently was able to do each of the following:

- _____ Sits Alone
- _____ Rolls Over Unassisted
- _____ Walks Unassisted
- _____ Sleeps Through Night
- _____ Stands Unassisted
- _____ Says First Words
- _____ Says First Sentences
- _____ Full Bowel Control



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- _____ Began Kindergarten
- _____ Writes Own Name
- _____ Reads Short Words

30. Did this child have a favorite object (toy, animal) which seemed to comfort him/her?

YES NO. If YES, Child gave up object at age _____.

31. Please describe any rules, rewards or punishments used routinely with the child between the ages of 2 and 5 years old, approximately:

Rule or Expectation: Reward or Incentive Punishment or Consequence (examples):

- A. Put toys away.
- B. Eat all of supper.
- C. Earn allowance.
- D. Get dessert.
- E. Toys are taken away.
- F. None.

ELEMENTARY SCHOOL YEARS (Approximately ages 6 - 11 years old)

HAS THIS CHILD...?

32. Had any prolonged absences from school? YES NO.

33. Failed or repeated any grade? YES NO.

34. Had psychological testing of any kind? YES NO.

35. Had speech and language or audiological testing? YES NO.

36. Ever been suspended or expelled from any activity? YES NO.
Please elaborate on reverse.

37. What three adjectives best describe this child's attitude toward school and learning? (Examples: excited, avoidant, bored, resentful, enthusiastic, motivated, disgusted, indifferent.)

_____, _____, _____.

38. In elementary school, this child's...

FAVORITE SUBJECT was: _____



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BEST SUBJECT was: _____

WORST SUBJECT was: _____

39. Please indicate what EXTRA-CURRICULAR or CURRICULAR activities this child participated in:

| ACTIVITY | AGES | ENJOYED PARTICIPATING | SUCCESSFUL IN ACTIVITY? |
|----------|-------|-----------------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

40. In elementary school, this child wanted to be a _____ when s/he grows up.

41. During these same years, did this child...

- A. Know the names of male and female body parts? YES NO.
- B. Understand "where babies come from?" YES NO.
- C. Show any interest in sexual activity? YES NO.
- D. Act out in a sexualized manner? YES NO.
- E. Engage in sexual activities with others? YES NO.

FAMILY AND HOME

If anyone else lives in the same home with the child? (Examples: roommate):

43. The child presently lives in:

House ___ Trailer ___ Apartment ___ Single Family Home ___ Other _____

44. Does this child share a bedroom with anyone? YES NO.

If YES, please specify whom: _____

45. Please list the places where this child has resided since birth. Continue on the reverse, if necessary:

| LOCATION | BETWEEN AGES | LIVED WITH WHOM |
|----------|--------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



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46. Please describe any household chores or responsibilities asked of the child:
Rule or Expectation: Reward or Incentive Punishment or Consequence:

1. _____
2. _____
3. _____

REASON FOR REFERRAL

47. Please briefly state the reason this child has been referred for psychological services:

48. Please indicate below which of the following are concerns about this child. Do not mark items that are not of concern. Indicate severity of concern as follows:

XXX MOST SEVERE and IMPORTANT

XX LESS SEVERE

X PROBLEMS, BUT NOT SEVERE

- A. TOILETING: Bedwetting, Soiling, Smearing, Regressed to Diapers, Constipation
- B. EATING: Refuses to Eat, Compulsion to Eat, Picky Eater, Vomiting/Purging, Obesity
- C. SLEEPING: Difficulties Falling Asleep, Night Waking, Sleep Apnea, Sleep-Walking, Terrors
- D. ATTENTION: Inattention, Distractible, Can't Concentrate
- E. AGGRESSION: Fighting/Bullying, Setting Fires, Hurting Animals, Destroying Property
- F. SELF-DESTRUCTIVE: Cuts, Hits, Kicks, Burns, Self, Bangs Head, Risk Taking
- G. SOCIAL SKILLS: No Friends, Prefers Younger/Older Peers, Loses Friends Quickly
- H. DEPRESSION: Withdrawal, Isolation, Low Energy, Hopeless, Sad, Helpless
- I. ACTIVITY LEVEL: Over-Active, Hyper-Active, Out of Control, Inactive, Passive
- J. CONFUSION: Disoriented, Forgetful, Memory Impairments, Odd Statements
- K. MOVEMENT PROBLEMS: Twitches, Tics, Paralysis, Seizures, Weakness, Compulsions
- L. SCHOOL/WORK PERFORMANCE: Falling Grades, Fired or Expelled,



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Refuses to Attend

- M. SEXUAL: Preoccupation, Intrusive Ideas, Exposing Self, Touching Others, Role Confusion
- N. ABUSE/TRAUMA: Victim of Sexual/Physical/Emotional/Verbal Abuse, Accident, Injury
- O. SEPARATION/LOSS: Death, Divorce, Relocation
- P. OPPOSITIONAL/DEFIANT: Disrespectful, Defies Authority, Disobedient
- Q. DELINQUENT: Theft, Assault, Police Involvement, CHINS
- R. DRUGS AND ALCOHOL: Experimentation, Abuse, Addiction, Peer Pressure
- S. MEDICAL PROBLEM: Chronic Illness, Terminal Illness, Medication Compliance

MEDICAL STATUS

49. Has this child ever ...? Please elaborate on the reverse.

- A. required major surgery of any kind? YES NO
- B. had seizures, black outs or "lost" time? YES NO
- C. lost consciousness? YES NO
- D. had heart or lung diseases? YES NO
- E. had an infectious disease? YES NO
- F. had a head injury? YES NO
- G. required hospitalization? YES NO

50. Are this child's immunizations up to date? YES NO

51. Does this child complain of chronic physical discomfort. YES NO
Please elaborate on reverse.

52. Please list the child's current medications:

| MEDICATION | DOSAGE | FREQUENCY/DAY | PRESCRIBED BY? |
|------------|--------|---------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

53. The date of the child's last complete physical was: _____



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54. Please indicate here any known family history of physical (example: Epilepsy, Diabetes) or psychiatric (example: Depression, Anxiety) illness/disorder:

THANK YOU FOR YOUR PARTICIPATION!