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Mood, Anxiety and
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Child/Adolescent Developmental History

Child's name: _____ Age: _____ Sex: _____

Child's date of birth: _____

What was your child's birth weight: _____ lbs. _____ oz., _____ unknown

Was delivery normal: yes _____, no; _____, unknown: _____. If not, please specify: _____

Did the birth mother experience any physical or emotional problems during pregnancy: _____

Were medications taken during pregnancy: (specify) _____

Did the birth mother consume alcohol or use any street drugs during pregnancy: (specify) _____

Did the baby experience any problems immediately after birth: (specify) _____

Has your child required hospitalization: (specify) _____

Is there any history of physical, sexual, or emotional abuse in the home: (specify) _____

Is there a history of prolonged separations or traumatic events: (specify) _____

At what age did your child do the following (*italicized areas reflect normal development*)

_____ *Smiled (6 months)*

_____ *Sat alone (6 to 10 months)*

_____ *Talked in sentences (30 to 36 months)*

_____ *walked by self (12 months)*

_____ *Held head up (3 to 4 months)*

_____ *fed self (2 years)*

_____ *Crawled (6 to 10 months)*

_____ *rode a bike (6 years)*

_____ *Rolled over (6 months)*

_____ *spoke in single words (18 to 24 months)*

_____ *Pulled up (6 to 10 months)*

_____ *established toilet training (2.5 to 4 years)*

How would you describe your child's approach to new situations: _____

How would you describe your child's overall mood: _____

Which school is your child attending: _____

Is your child receiving special services in this school: (specify) _____

Has your child ever failed a class or been held back: _____

Is your child expected to pass this year: _____