



PARENT INFORMATION DEVELOPMENTAL AND MEDICAL HISTORY

Dear Parents/Guardians:

It is extremely important that you complete this form, as it will help the evaluation team to better understand your child. Don't worry about being exact on ages but instead try to be approximate. If there were no unusual factors involved in a specific area of development asked, just respond "normal."

GENERAL INFORMATION:

Name of Child: _____ **Age:** _____ **Date of Birth:** _____

Address: _____

Father: _____ **Mother:** _____ **Phone:** _____

Siblings and Ages: _____

Name of Preschool/Daycare currently attending: _____

PREGNANCY & BIRTH:

Length of Pregnancy: _____ **Any Medication or Drugs?** _____

Health Problems: _____

Complications: _____

Any Medical Treatment Necessary for Child? _____

DEVELOPMENTAL HISTORY:

Crawled at Age: _____ **Walked at Age:** _____ **Single Words at Age:** _____ **Three word combinations:** _____

MEDICAL INFORMATION: (Check All That Apply)

High Fevers

Makes eye contact

Uses gestures (points, holds arms up to be held)

Seizures

Follows simple directions

Feeding difficulties

Toilet trained

Enjoys other children

Ear infections

Allergies

Accidents (i.e. broken bones, head injuries) **Additional Information:** _____

***What information would you like to gain as a result of the evaluation?** _____

*****Please use back of form for any other information that you think might be useful.**