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# DEVELOPMENTAL AND MEDICAL HISTORY

## PREGNANCY AND DELIVERY

**A.** Length of pregnancy (e.g. full term, 40 weeks, 32 weeks, etc) _____

**B.** Length of delivery (number of hours from initial labor pains to birth) _____

**C.** Mother's age when child was born _____

**D.** Child's birth weight _____

**E.** Did any of the following conditions occur during pregnancy/delivery?

| | Choose One<br>No - Yes |
|---|---|
| 1. Bleeding | ○ ○ |
| 2. Excessive weight gain (more than 30 lbs) | ○ ○ |
| 3. Toxemia/preeclampsia | ○ ○ |
| 4. Rh factor incompatibility | ○ ○ |
| 5. Frequent nausea or vomiting | ○ ○ |
| 6. Serious illness or injury | ○ ○ |
| 7. Took prescription medications | ○ ○ |
| a. if yes, name of medication _____ | |
| 8. Took illegal drugs | ○ ○ |
| a. if yes, name of drugs _____ | |
| b. how often taken _____ | |
| 9. Used alcoholic beverages | ○ ○ |
| a. if yes, approximate number of drinks per week _____ | |
| 10. Smoked cigarettes | ○ ○ |
| a. if yes, approximate number of cigarettes per day (e.g. ½ pack) _____ | |
| 11. Was given medication to ease labor pains | ○ ○ |

a. if yes, name of medication _____

12. Delivery was induced
13. Forceps were used during delivery
14. Had a breech delivery
15. Had a cesarean section delivery
16. Other problems-please describe _____

**F.** Did any of the following conditions affect your child during delivery or within the first few days after birth?

1. Injured during delivery
2. Cardiopulmonary distress during delivery
3. Delivered with cord around neck
4. Had trouble breathing following delivery
5. Needed oxygen
6. Was cyanotic, turned blue
7. Was jaundiced, turned yellow
8. Had an infection
9. Had seizures
10. Was given medications
11. Born with a congenital defect
12. Was in hospital more than 7 days



## INFANT HEALTH AND TEMPERAMENT

**A.** During the first 12 months, was your child:

1. Difficult to feed
2. Difficult to get to sleep
3. Colicky

4. Difficult to put on a schedule
5. Alert
6. Cheerful
7. Affectionate
8. Sociable
9. Easy to comfort
10. Difficult to keep busy
11. Overactive, in constant motion
12. Very stubborn, challenging

EARLY DEVELOPMENTAL MILESTONES

**A.** At what age did your child first accomplish the following:

1. Sitting without help _____
2. Crawling _____
3. Walking alone, without assistance _____
4. Using single words (e.g., "mama," "dada," "ball," etc.) _____
5. Putting two or more words together (e.g, "mama up") _____
6. Bowel training, day and night _____
7. Bladder training, day and night _____

HEALTH HISTORY

**A.** Date of child's last physical exam: _____

**B.** At any time has your child had the following:

Choose One
Never - Past - Present

1. Asthma
2. Allergies
3. Diabetes, arthritis, or other chronic illnesses

| | Never | Past | Present |
|---|---|---|---|
| 4. Epilepsy or seizure disorder | ○ | ○ | ○ |
| 5. Febrile seizures | ○ | ○ | ○ |
| 6. Chicken pox or other common childhood illnesses | ○ | ○ | ○ |
| 7. Heart or blood pressure problems | ○ | ○ | ○ |
| 8. High fevers (over 103 degrees) | ○ | ○ | ○ |
| 9. Broken bones | ○ | ○ | ○ |
| 10. Severe cuts requiring stitches | ○ | ○ | ○ |
| 11. Head injury with loss of consciousness | ○ | ○ | ○ |
| 12. Lead poisoning | ○ | ○ | ○ |
| 13. Surgery | ○ | ○ | ○ |
| 14. Lengthy hospitalization | ○ | ○ | ○ |
| 15. Speech or language problems | ○ | ○ | ○ |
| 16. Chronic ear infections | ○ | ○ | ○ |
| 17. Hearing difficulties | ○ | ○ | ○ |
| 18. Eye or vision problems | ○ | ○ | ○ |
| 19. Fine motor/handwriting problems | ○ | ○ | ○ |
| 20. Gross motor difficulties, clumsiness | ○ | ○ | ○ |
| 21. Appetite problems (over eating or under eating) | ○ | ○ | ○ |
| 22. Sleep problems (falling asleep, staying asleep) | ○ | ○ | ○ |
| 23. Soiling problems | ○ | ○ | ○ |
| 24. Wetting problems | ○ | ○ | ○ |
| 25. Other health difficulties—please describe _____ | ○ | ○ | ○ |

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