# *THE HEALING CENTER, LLC*

THE CENTER FOR INTERNET AND TECHNOLOGY ADDICTION
PLUG BACK INTO LIFE!©

***Dr. David Greenfield***
*17 South Highland Street*
*West Hartford, CT 06119*
*860-561-8727 Fax: 860-561-8727*
***www.virtual-addiction.com*** ***www.drdavidgreenfield.com***

## CHILD AND ADOLESCENT DEVELOPMENTAL HISTORY

Please fill out this information form as completely as you can. Circle the item number of any questions that should be discussed more fully.

Child's Name _____ Sex ____ Date of Birth _____
Grade _____ School _____
Your Name _____ Relationship to Child _____

Family Members

| | Name | Age | In Home | Occupation/Grade |
|---|---|---|---|---|
| Parents | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| Siblings | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| Others | _____ | _____ | _____ | _____ |

Does your child have any current problems at school and/or home? _____

Please list any previous counseling and/or treatment that your child has had_____
_____ Dates _____

1) What is your child like (check all that apply)

| | | | | |
|---|---|---|---|---|
| ___ Impulsive | ___ Easily frustrated | ___ Shy | ___ Dependent | ___Relaxed |
| ___ Affectionate | ___ Can't ask for help | ___ Unhappy | ___ Private | ___ Outgoing |
| ___ Sensitive | ___ Often in trouble | ___ Enthusiastic | ___ Immature | ___ Quiet |
| ___ Independent | ___ Often tearful | ___ Tense | ___ Distractible | ___ Helpful |
| ___ Depressed | ___ Rapid mood changes | ___ Happy | ___ Irritable | ___ Friendly |
| ___ Disorganized | ___ Lacks confidence | ___ Demanding | ___ Restless | ___Angry |
| ___ Aggressive | ___ Very active | ___ Bossy | ___Stubborn | ___ Fearful |

2) How does your child get along with his/her parents? _____
_____
_____

3) a. Are there any parent or family conflicts? _____

b. If there have been any parental separations or divorce, please give date(s), name(s) of the parental figures and list which parent(s) has legal custody and primary residential placement._____
_____

4) How does your child usually react to problems or difficulties? _____
_____
_____

5) What kind of disciple works best? _____
_____

6) Has your child ever been physically or sexually abused? _____
_____

7) How does your child get along with other children his/her own age? _____

8) What are your child's positive qualities and personal strengths? _____
_____

9) What are your child's special interests or talents? _____
_____

10) Has your child ever had a head injury, seizures, convulsions or loss of consciousness? If yes, please state age. _____

11) Are there any other medical problems your child has, including allergies? _____
_____

12) List any medications your child takes including vitamins and nonprescription drugs. _____
_____

13) Family history of difficulties (check all that apply and list the relationship of family member to the child, include Parents, Siblings, Grandparents, Aunts, Uncles, & Cousins)

___ Mental Illness _____
___ Emotional Problems _____
___ Alcoholism/Drug Abuse _____
___ Behavioral Problems _____
___ Learning Disability _____
___ Retardation _____
___ Legal Problems _____
___ Seizures/Epilepsy/Neurological Problems _____

**Developmental History**

Pregnancy & Birth

1) Was the pregnancy planned? ___ yes ___ no

2) What was the family situation during the pregnancy? ___ happy ___unhappy:
explain _____

3) What was the mother's condition during pregnancy? (check all that apply)
___ Fevers ___ over 35 during pregnancy ___ Diabetes ___ Smoked
___ Used Drugs ___ Under 17 during pregnancy ___ Toxemia ___ Drank alcohol
___ Injuries ___ Other problems _____
List any medications taken during pregnancy _____

4) Labor and delivery problems? (check all that apply)
___ Caesarian section ___ Labor less than 2 hours ___ Cord around baby's neck
___ Breech ___ Labor induced ___ Mother asleep at delivery
___ Forceps used ___ Labor more than 24 hours ___ Other _____

5) Birth weight: _____ lbs ____ oz Condition at Birth: ___ OK ___ Problems (check all that apply)
___ Jaundice ___ Infection ___Premature ___ Anemic
___ Trouble breathing___ Needed Oxygen ___ Trouble sucking ___ Birth Defects
___ Needed surgery ___ in ICU ___ Hospitalized for more than 5 days
___ Other Problems _____

## Infancy (0 – 12 months)

1) Please list any major family events during this time period. For example; deaths, births, parental conflicts, moves, separation from parents, change in primary caretaker, traumatic events, etc. Please include baby's age and general reaction. _____
_____
_____
_____

2) Please list any major illnesses, injuries or hospitalizations. _____
_____
_____

3) Please describe any feeding/eating difficulties. _____
_____

4) Please describe any sleeping difficulties. _____
_____

5) What was your baby like? (check all that apply)
___ cuddly ___ social ___ difficult to soothe
___ fussy ___ quiet ___ slow to adjust to change

## Toddler Years (12 months to 3 years)

1) Please list any major family events during this time period. For example; deaths, births, parental conflicts, moves, separation from parents, change in primary caretaker, traumatic events, etc. Please include child's age and general reaction. _____
_____
_____
_____

2) Please list any major illnesses, injuries or hospitalizations. _____
_____
_____

3) Please list any unusual habits, mannerisms or fears. _____
_____

4) a. How old was your child when he/she spoke his/her first word? _____

b. How old was you child when he/she used complete sentences? _____

5) At what age did your child 1st walk? _____

6) a. How old was your child when he/she started toilet training? _____
b. How old was your child when he/she completed toilet training? _____
c. Please list any difficulties. _____

7) Did your child have any problems with separation from his/her parents? _____
_____

8) Please list any behavioral problems with your child? _____
_____

Preschool (ages 3-6) omit if child is under 3

1) Please list any major family events during this time period. For example; deaths, births, parental conflicts, moves, separation from parents, change in primary caretaker, traumatic events, etc. Please include child's age and general reaction. _____
_____
_____
_____

2) Please list any major illnesses, injuries or hospitalizations. _____
_____
_____

3) Please list any unusual habits, mannerisms or worries. _____
_____

4) Please describe how your child gets along with other children. _____
_____
_____

5) Please list any behavioral problems with your child. _____
_____
_____

6) Is your child fearful of new people and/or new situations? If yes, please explain. _____
_____

7) Do you have any special concerns about your child during this age range? Check all that apply and explain below.

___ eating problems ___ sleeping problem ___ speech problems
___ toileting problems ___ bed wetting ___ temper tantrums ___ other _____
_____
_____

8) Please list any daycare and/or babysitting problems. _____
_____

9) Did your preschooler exhibit any unusual behavior? (check all that apply)
___ quiet ___ over active ___ easily frustrated ___ clumsy
___ usually happy ___ demanding ___ often sad or angry
___ often fell ___ difficulty separating

Middle Childhood Period ( ages 6-11) omit if child is under 6

1) Please list any major family events during this time period. For example; deaths, births, parental conflicts, moves, separation from parents, change in primary caretaker, traumatic events, etc. Please include child's age and general reaction. _____
_____
_____
_____

2) Please list any major illnesses, injuries or hospitalizations. _____
_____
_____

3) Please list any unusual habits, mannerisms, or worries. _____
_____

4) Please list name of your child's school(s) and the grades he/she has attended. _____
_____

5) How was your child's adjustment to changing schools? _____
_____

6) Did you have any problems getting your child to go to school? If yes, please explain. _____

7) Please describe your child's relationship with his/her teachers. _____

8) Please describe your child's relationship with other children. _____

9) Does your child have a "best" friend? _____

10) Please list any problems your child has with attitude towards school or their grades. _____
_____

11) Did your child repeat any grade? If yes, which grade(s)? _____

12) Did you child attend any special classes? If yes, during which grade and for what reason? _____
_____

13) Are you or your child's teachers concerned about any of the following? (check all that apply)
___ speech ___reading ___ writing ___ hearing
___ vision ___ eye-hand coordination ___ behavioral
Please explain _____

14) Does your child have any problems or worries about sex? _____

15) Does your child have any signs of puberty? ____ menstruation ___ growth spurt ____ voice change
What is your child's reaction to this? _____

Adolescence (ages 12-19) omit if child under 12

1) Please list any major family events during this time period. For example; deaths, births, parental conflicts, moves, separation from parents, change in primary caretaker, traumatic events, etc. Please include child's age and general reaction. _____
_____
_____
_____

2) Please list any major illnesses, injuries or hospitalizations. _____
_____
_____

3) Please list any unusual habits, mannerisms, or worries. _____
_____

4) Does your child have any eating problems or problems with weight gain or loss? _____

5) Does you child have any problems sleeping? _____

6) Does your child have any academic problems at school? _____

7) Does your child have any behavioral problems? _____
_____

8) At what age did you child experience the following?
Growth spurt _____ Voice Change _____ Menstruation _____

9) Are there any special concerns or reactions to these physical changes? _____
_____

10) Do you have any concerns about your child's friends? _____

11) Have there been worries or concerns about sex or sexual activity? _____
_____

12) Does your child smoke, use alcohol or take drugs? If yes, please describe. _____
_____

13) Has your child had any trouble with law/police? If yes, please describe. _____
_____

14) Has your child held a job(s)? If yes, please list and note any concerns. _____
_____

15) Have there been problems about rules, curfew, where your child goes, etc.? _____
_____

16) Has your child gotten into any physical struggles with an adult(s). If yes, please explain. _____
_____

17) What specific changes would you want to see happen to feel that your therapy experience has been successful? _____
_____
_____

18) Is there anything else that would be helpful to know about your child or family? _____
_____
_____

Thank you for your attention to this detailed history.