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DEVELOPMENTAL HISTORY

Date: _____
Child's name: _____ DOB: _____ Phone #: _____
Address: _____ City: _____ State/Zip: _____
Please Note Health Problems: _____
Medications & Dosages: _____
Has your child received prior mental health services: _____ If yes, please indicate with whom
and dates/period of time attended: _____

FAMILY INFORMATION:

Names of sibling/household members	Ages	Nature of relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

With whom does the child live: _____
Do the parents live together: _____ If not, what happened/how old was the child at the time of
separation: _____ Name and
phone # of the non-custodial parent with whom the child has contact: _____
_____ Nature of visitation: _____ Was the
child adopted: _____ If so, at what age: _____ Is the child aware: _____
Relevant information about the birth parents: _____

Current Mother's name: _____ Age: _____ Education level: _____
Occupation: _____ Nature of relationship with child: _____

History in Mother's family of alcohol or drug abuse: _____ Mental illness: _____
Violence: _____ Please explain: _____

Current Father's name: _____ Age: _____ Education level: _____
Occupation: _____ Nature of relationship with child: _____

History in Father's family of alcohol or drug abuse: _____ Mental Illness: _____
Violence: _____ Please explain: _____
Current family challenges (death, relocation, separation, divorce, medical, illness, trauma)

EDUCATION HISTORY:

Name of school: _____ Grade: _____ Teacher: _____
Address: _____ Phone Number: _____

Has the child repeated a grade: _____ If yes, what year: _____ Is your child in special education: _____ If yes, explain: _____
Did child attend preschool: _____ If yes, teacher's comments regarding your child: _____

Please describe any difficulties Child has at school: _____

DEVELOPMENTAL HISTORY:

Was pregnancy planned: _____ Was there any ingestion of alcohol or other substances during pregnancy: _____ If so, explain: _____

Was pregnancy normal: _____ If not, explain: _____

Was delivery normal: _____ If not, explain: _____

Was child breast fed: _____ If yes, until age: _____ Was weang abrupt/gradual: _____

At what age did child sit up: _____ Crawl: _____ Walk: _____ Spoke first word: _____

Spoke in sentences: _____ Dress self: _____ Completed toilet training: _____ Began day-

care/preschool: _____ Tied shoes: _____ Has child participated in activities, hobbies, or

sports: _____ If yes, at what age, explain: _____

Please describe any difficulty with these activities: _____

Has the child become sexually active: _____ If yes, at what age: _____ Describe any difficulties in this area: _____

Has the child ever been abused sexually: _____ Physically: _____ If yes, at what age: _____

Explain what happened: _____

Do you use corporal punishment: _____ If yes, explain: _____

Does the child use alcohol or other substances: _____ Explain: _____

Does anyone in the household use alcohol: _____ If yes, how often: _____

Other substances: _____ If yes, explain: _____

Please mark behaviors you are concerned about:

- | | | |
|--------------------------|--------------------------|---------------------------------|
| _____ Self-harm | _____ Anxious | _____ Tantrums |
| _____ Suicide attempts | _____ Panic attack | _____ Poor family relationships |
| _____ Fatigue/tiredness | _____ Shy | _____ Repetitive Habits |
| _____ Depressed/sad | _____ Fearfulness | _____ Communication problems |
| _____ Weight loss | _____ Excessive tears | _____ Excessive guilt |
| _____ Weight gain | _____ Bed-wetting | _____ Drastic behavior changes |
| _____ Lack of motivation | _____ Criticizing others | _____ Agitation/restlessness |
| _____ Feeling worthless | _____ Withdrawn | _____ Feels disliked |
| _____ Feeling inadequate | _____ Nightmares | _____ Isolating |
| _____ Excessive arguing | _____ Sexual acting out | _____ Frequent complaints |
| _____ Early waking | _____ Bad grades | _____ Alcohol abuse |
| _____ Frequent waking | _____ Shoplifting | _____ Drug abuse |
| _____ Violent | _____ Lying | _____ Fire setting |
| _____ Board | _____ Impulsive | _____ Excessive Chatter |
| _____ Hording | _____ Cruel to animals | _____ Poor peer relationship |
| _____ Running away | _____ Lonely | |

Please use space below to explain or discuss your concerns: _____
