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Developmental History and Family Background Form

Today's Date: _____

Child's Full Name: _____ Date of Birth: _____

Person completing this form: _____ Relationship: _____

Who referred you to this office? _____

Has your child had previous counseling? Yes _____ No _____

If Yes, please list therapist(s) and dates: _____

What are your current concerns? _____

What are your goals for this evaluation / treatment? _____

EARLY DEVELOPMENTAL HISTORY - Conception:

What is your relationship with this child (biological, adoptive, foster, grandparent)?
(Required for legal reasons when initiating therapy for a minor)

Was this child conceived through a collaborative reproduction technology (CRT)?
(IUI, IVF, sperm donor, egg donor, embryo donation, gestational surrogate)

What does your child know about his or her conception?

EARLY DEVELOPMENTAL HISTORY - Pregnancy and Birth:

Did this child experience any problems while *in utero*? _____

Did the birth mother have any problems with the pregnancy, labor, and / or delivery?

What was the length of the pregnancy? _____ weeks Weight: _____

What was the baby's health at the time of birth? _____

(I.e., Did the baby have trouble breathing, have seizures, fever, jaundice, cyanosis)?

EARLY DEVELOPMENTAL HISTORY - Toddlerhood:

Did this child experience any early delays in development? _____

Was Early Intervention involved in providing treatment prior to age 3? _____

If yes, what assistance did they provide? _____

Did this child experience difficulties with self-soothing, feeding, sleeping, toilet-training, temper tantrums, or other self-regulatory functions? Yes _____ No _____

If yes, please explain briefly: _____

HEALTH HISTORY:

Please list any health problems including illnesses, surgeries, hospitalizations, concussions, allergies, etc.

Has this child ever engaged in self-harming behaviors? _____

Medications (past and present): _____

FAMILY HISTORY:

Parent #1 (Name): _____ Age: _____ Occupation: _____

Parent #2 (Name): _____ Age: _____ Occupation: _____

Sibling #1 (Name): _____ Age: _____ Grade: _____

Sibling #2 (Name): _____ Age: _____ Grade: _____

Sibling #3 (Name): _____ Age: _____ Grade: _____

Other family members / caregivers who live in the home or who are involved in this child's care: _____

Does this child live in two homes? Yes _____ No _____

If this child's parents are divorced, what is the custody agreement?

Child's age at time of separation: _____ Child's age at time of divorce: _____

Please characterize the nature of the separation / divorce: _____

Please describe any mental health issues experienced by parents and / or other family members that might impact this child's own mental health status either through heredity or exposure within the home:

Are there any firearms in this child's home? Yes _____ No _____

SCHOOL HISTORY:

Please list the schools, grades, and years your child has attended school:

School	Grade(s)	Teacher	Year(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has this child ever been evaluated by the school or by a private neuropsychologist?

Yes _____ No _____

If Yes, please describe the reason for the testing, the results, and the subsequent intervention(s):

May I obtain a copy of this evaluation? Yes _____ No _____

SOCIAL HISTORY:

Please describe this child's social tendencies (e.g., does he or she have one close friend, a group of friends, or does he or she tend to spend time alone?)

Does he or she prefer same age peers? Yes _____ No _____
Does she or he experience conflicts within the peer group? Yes _____ No _____

Please describe any challenges your child may experience in relationships: _____

Has your child experienced any major traumas, losses, or separations ?

Yes _____ No _____

If yes, please explain: _____

STRENGTHS:

Please list or describe this child's strengths and interests: _____

Finally, is there anything else you think I should know as I am completing this evaluation? _____

Thank you for your candor in completing this form. I collect this sensitive information in order to conduct a comprehensive and informed assessment of your child's mental health status. All of the information you have provided will be kept confidential. Thank you!