Licensed Marriage and Family Therapist #92577 5523 Scotts Valley Drive, Scotts Valley, CA 95066 831-431-7996

\*www.therapyforyourchild.com

### **Developmental History**

Pregnancy Age:
Problems/concerns during pregnancy:
Labor Issues:
Medications/complications/stresses during pregnancy:
Birth weight:
Were developmental milestones met on time? If not please list, even if child was ahead of peers.
Was your child easy for you to bond with? Was your child easy for others to bond with?

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# **Family Relations** Family constellation: Relationship with parents/step parents: Relationship with siblings: How is you r family communication in general?

Strengths of your child:

Weaknesses of your child:

**Specifics about Your Child** 

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How do you encourage your child? What works and does not work?
Past trauma your child has endured. (i.e., divorce, death, accidents, violence in/out of home, parent in jail, molestation, illness, hospitalization, surgeries, etc.)
How does your child ask for attention?
How much one on one time do you spend with your child a day?
What is a typical day like for your child/family?

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Is your child able to spend time alone? How well is your child able to spend time alone and how often?
Family Governance
What are the family rules? Are they stated or not defined?
Are the family rules flexible or strict? If there are flexible rules, which rules are they?
How do you discipline and reward your child?
Does your child have set chores? What are they?

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Emetional Expression	
Emotional Expression	
How does your child express fear, anger, love sadness and emotional need	ds?
	-
How does your child ask for attention? Is it appropriate?	
Social Development	
Door value shild have paighborhood friends and friends at asheal?	
Does your child have neighborhood friends and friends at school?	
How does your child get along with their friends?	
	-
What activities does your shild engage in with friends?	
What activities does your child engage in with friends?	

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What activities do you consider acceptable and unacceptable for your child to engage ir with friends?
<u>Health</u>
Does your child suffer from allergies or illness? Be specific
Is your child on current medications?
Does your child have any health problems that would contribute to the behaviors of concern?
Has your child experienced past health concerns? Be specific.

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Other Information:	<u>:</u>			