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Developmental History Form
CONFIDENTIAL

Date: _____

Child's Name: _____

Age: _____ **Date of Birth:** _____

Siblings' Names and Dates of Birth: _____

Parents' Names: _____ **Ages:** _____

Occupations: _____

Address: _____

Phone-Home and Work: _____

Email: _____

Parents' Families: _____

Significant Family Medical and/or Psychiatric History: _____

Current Functioning and History

Reason For Consultation:

Relationship with:

Mother _____

Father _____

Other Adults _____

Siblings _____

Peers _____

Favorite Activities, Hobbies, and Interests:

Pregnancy and Birth:

Description of Child as a Toddler:

Sleep:

Self-Care, Including Toilet Mastery:

Eating:

Play:

Milestones (smiling, sitting, playing, crawling, walking, talking:

Health:

Accidents, Illnesses, Operations, Hospitalizations:

Primary Caretakers:

Separations and Losses:

Daycare:

Nursery School:

Elementary School:

Secondary School:

Any additional information I need to know: