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Health and Developmental History Form

Child's Name: _____ Date of Birth: _____

Completed by: _____

1. List the age at which your child demonstrated the following skills:

Sitting: _____

Crawling: _____

Walking: _____

Eating solids: _____

Talking (mama, dada): _____

2. How long was your pregnancy (ex. 40 weeks) and any complications during/after pregnancy? Birth weight?

3. Has your child had any serious injuries, illnesses, surgeries or been hospitalized? If yes, please describe and at what age?

4. Does your child have a medical diagnosis? _____

5. Is your child on any medications? If yes, please list and for what: _____

6. Has your child's hearing been test? If yes, list age and results: _____

7. Can you understand your child when he/she speaks? Do you have any concerns? _____

8. Scheduling: What days does your child attend school? _____

9. Scheduling: What times does your child arrive/leave school? _____