

Developmental History - Young Adult

Patient Name: _____

First

Middle

Last

Date of Birth: _____

Today's Date: _____

Please describe your main concerns: _____

Family Information

Parents are: Married Separated Divorced Not married but live together
 Not married and do not live together

Please list any step-parents or other adults involved significantly in your life: _____

Please list siblings and ages: _____

Please share any history of learning issues, depression/anxiety, ADHD or other mental health diagnoses in your immediate and extended family: _____

Please describe any significant stressors that may be affecting you: _____

Social Development

Briefly describe your personality: _____

Please list your extracurricular activities: _____

Do you have any concerns about your friendships and ability to make and keep friends?

Do you have any concerns about your mood, focus or self-control? _____

Developmental History

As a young child, did you have any delays in: Motor development Language development
 Behavioral control or toilet training If yes, please explain: _____

Did you receive any early intervention services such as speech therapy or OT? If yes, please explain: _____

Medical History

Primary Care Physician: _____

Please describe any current or past: Medical problems? Vision problems? Hearing problems?

Please describe any past hospitalizations: _____

Are you under the care of any other health professionals? Yes No

If yes, with whom? _____

Do you have a current acute or chronic medical illness? Yes No

Diagnosis: _____

Have you ever been given a psychological diagnosis? Yes No:

Diagnosis: _____

Have you participated in therapy or counseling services in the past?

Yes No If yes, with whom? _____

Do you have a history of concussion? Yes No

If yes, when and how long before symptoms resolved? _____

Please list any medications you are currently taking: _____

Do you currently smoke or drink alcohol? Yes No Do you consider this to be a problem?

If yes, please explain: _____

Academic History

Current School: _____ Grade Level: _____

Other schools attended, beginning with preschool: _____

Did you skip a grade? Yes No Were you ever retained? Yes No

Did you ever receive tutoring services or were you evaluated/testing for learning problems?

If yes, to any of the above, please describe: _____

Are you currently having any academic difficulty? Yes No

If yes, please describe: _____

Are you experiencing disciplinary problems in school or on the job? Yes No

Have you ever been suspended? Yes No Or expelled? Yes No

If yes to any of the above, please describe: _____

Did you ever have a 504 Plan, an IEP or a formal written learning plan on file at school?

Please describe the services you received: _____

Is there any other information not covered on this form that you feel would be helpful or relevant? _____

Thank you!