

DEVELOPMENT

Are you concerned about the patient's...

Physical development? ☐ Yes ☐ No Explain _____Mental or emotional development? ☐ Yes ☐ No Explain _____Learning ability? ☐ Yes ☐ No Explain _____Attention span or activity level? ☐ Yes ☐ No Explain _____

If in school, has the patient had...

Tutoring outside of the classroom? ☐ Yes ☐ No Explain _____Placement in a special or resource class? ☐ Yes ☐ No Explain _____To repeat a grade? ☐ Yes ☐ No Explain _____Educational or psychological testing? ☐ Yes ☐ No Explain _____Behavioral problems? ☐ Yes ☐ No Explain _____**MATERNAL AND NEWBORN HISTORY**☐ Don't know birth history**Pregnancy**Did mother smoke, use recreation drugs or alcohol? ☐ Yes ☐ No _____Did mother take prenatal vitamins? ☐ Yes ☐ No _____

Check if the mother had any of the following problems:

☐ excessive weight gain ☐ urinary infections ☐ excessive swelling ☐ toxemia ☐ rubella ☐ venereal disease ☐ other ☐ none**Birth**Birth Weight _____ Length _____ Apgar _____ Was baby born at: ☐ Term ☐ Early ☐ Late _____ weeks gestationWas labor difficult or prolonged? ☐ Yes ☐ No _____Was delivery difficult or prolonged? ☐ Yes ☐ No _____Was a NICU stay required? ☐ Yes ☐ No Was the delivery ☐ vaginal ☐ Cesarean If Cesarean, why? _____**Newborn**Was initial feeding ☐ Formula Type _____ ☐ Breast milk How long breastfed? _____Did the baby go home with mother from the hospital? ☐ Yes ☐ No _____

Check if patient has/had any of the following problems:

☐ feeding problems ☐ multiple formula changes ☐ recurring diarrhea ☐ other _____☐ slow weight gain ☐ recurring vomiting ☐ colic ☐ jaundice**BIOLOGICAL FAMILY HISTORY**

DK = don't know

*If a family member has or has had any of the following problems, check the appropriate box and list the family member:**M-Mother F-Father S-Sibling MA-Maternal Aunt MU-Maternal Uncle PA-Paternal Aunt PU-Paternal Uncle**PGM-Paternal Grandmother PGF-Paternal Grandfather MGM-Maternal Grandmother MGF-Maternal Grandfather*Alcohol/drug abuse ☐ Yes ☐ No ☐ DK Who _____ Comments _____Allergies/Drug allergies ☐ Yes ☐ No ☐ DK Who _____ Comments _____Anemia/Blood disorders ☐ Yes ☐ No ☐ DK Who _____ Comments _____Asthma ☐ Yes ☐ No ☐ DK Who _____ Comments _____ADD/Learning problems ☐ Yes ☐ No ☐ DK Who _____ Comments _____Behavioral/Emotional problems ☐ Yes ☐ No ☐ DK Who _____ Comments _____Cancer (please specify) ☐ Yes ☐ No ☐ DK Who _____ Comments _____Childhood hearing loss/Deafness ☐ Yes ☐ No ☐ DK Who _____ Comments _____Depression/Mental illness ☐ Yes ☐ No ☐ DK Who _____ Comments _____Diabetes ☐ Yes ☐ No ☐ DK Who _____ Comments _____Ear infections/Tubes ☐ Yes ☐ No ☐ DK Who _____ Comments _____Eczema ☐ Yes ☐ No ☐ DK Who _____ Comments _____Endocrine problems ☐ Yes ☐ No ☐ DK Who _____ Comments _____Epilepsy/Neurologic problems ☐ Yes ☐ No ☐ DK Who _____ Comments _____Eye or visual problems ☐ Yes ☐ No ☐ DK Who _____ Comments _____Genetic disorders ☐ Yes ☐ No ☐ DK Who _____ Comments _____High cholesterol ☐ Yes ☐ No ☐ DK Who _____ Comments _____High blood pressure ☐ Yes ☐ No ☐ DK Who _____ Comments _____Immunity problems/HIV ☐ Yes ☐ No ☐ DK Who _____ Comments _____Kidney/bladder problems ☐ Yes ☐ No ☐ DK Who _____ Comments _____Liver disease ☐ Yes ☐ No ☐ DK Who _____ Comments _____Mental retardation ☐ Yes ☐ No ☐ DK Who _____ Comments _____Myocardial infarction (heart attack) ☐ Yes ☐ No ☐ DK Who _____ Comments _____Obesity ☐ Yes ☐ No ☐ DK Who _____ Comments _____Other relevant medical problems ☐ Yes ☐ No ☐ DK Who _____ Comments _____Respiratory infections ☐ Yes ☐ No ☐ DK Who _____ Comments _____Stomach/GI problems ☐ Yes ☐ No ☐ DK Who _____ Comments _____Stroke(brain attack) ☐ Yes ☐ No ☐ DK Who _____ Comments _____Tuberculosis ☐ Yes ☐ No ☐ DK Who _____ Comments _____

Other relevant family history _____