



Medical History and Milestone Questionnaire

Child's Name _____ DOB: _____

Pregnancy

Was your child planned? _____

Duration of the pregnancy: _____ weeks

Regarding Mother of child (MOC)

During the pregnancy: Yes No Yes No

Did MOC take any medications? _____ Did MOC smoke cigarettes? _____

Did MOC drink alcohol? _____ Did MOC use drugs? _____

Did MOC have X-rays? _____ Any medical problems? _____

Any accidents or falls? _____ Was MOC hospitalized? _____

Any problematic anxiety or moodiness? _____ Any trauma or losses? _____

Delivery and nursery stay

Birth weight: _____ Birth length: _____

Length of labor: _____ hours Length of stay: Baby: _____

Did the baby have any problems after the delivery that needed medical attention (e.g., trouble breathing, jaundice, seizures, paralysis)? Describe: yes or no

Developmental milestones

As best you can remember, designate the age at which your child:

Age (months) Age (months) _____ Play pat-a-cake

_____ Establish eye contact _____ Smile responsively

- _____ Speak first words
- _____ Recognize parents
- _____ Use 2-word sentences
- _____ Hold head erect
- _____ Feed self (spoon)
- _____ Roll over
- _____ Bowel trained
- _____ Sit alone
- _____ Dry in daytime
- _____ Babble
- _____ Dry at night
- _____ Belly crawl
- _____ Scribbled
- _____ Crawl

- _____ Run well
- _____ Show fear of strangers
- _____ Ride a tricycle
- _____ Drink from a cup
- _____ Hop on one foot
- _____ Pull to a stand
- _____ Dress self totally
- _____ Stand alone
- _____ Ride a two-wheeled bike
- _____ Walk with support
- _____ Tie shoes
- _____ Walk alone
- _____ Skip

Did your child have difficulties in separating from you when left with others? How did s/he respond when you returned?

Did your child have any delays or difficulties in motor coordination? If so, describe and give ages:

Did your child have any delays or difficulties in speech? If so, describe and give ages:

Please describe your child's current Strengths:

What do you see as your child's biggest areas of need?
