



Social and Developmental History Questionnaire

(To be completed by the Parent/ Guardian prior to the Intake meeting)

Name:	Date of Birth:
Address:	Phone number:
City:	State: Zip:
Person filling out form:	Relationship to individual:
Phone:	Today's date:

What are your primary concerns/areas of support needed for your individual at this time?

In order to be able to best serve your individual, we would like to collect some background information. Please respond to the following questions to the best of your ability. You may attach additional sheets if necessary.

Who is this individual's current primary caregiver? _____

Has this individual received all immunizations _____

Please Attach an Immunization Record to this Social and Development History form.

Who is the individual's primary physician? _____ Phone: _____

List any allergies for this individual (e.g. medication, foods, insect stings, seasonal): _____

Childhood history:

Were there any complications during pregnancy (e.g. measles, anemia, high blood pressure, maternal injuries, gestational diabetes, etc?)

Were any drugs, alcohol or tobacco used during pregnancy? _____

Length of pregnancy: _____ Birth Weight: _____

Were there any complications during delivery (e.g. breathing problems or required use of an incubator)? If so, please explain:

City and State individual was born: _____

Length of stay in the hospital: _____

At what age (in years/months) did this individual first do the following?

Crawl: _____ Walk alone: _____ Speak first words: _____ Speak in sentences: _____

Was there any difficulty in toilet training? Explain current toileting habits.

Briefly describe any difficulties in raising this individual:

Briefly describe any stressors this individual went through during childhood:

Where did the individual attend school: _____

What activities/clubs did the individual participate in during childhood:

Childhood Primary Caregiver: _____

Please list all Whom lived in the home during individual's childhood:

Has this individual ever been hospitalized? (If yes, describe):

What, if any, medication does this individual currently take? Please list what medication is prescribed for?

Does this individual have a history of ear infections, ear tubes, or hearing problems?

Does this individual have any vision problems and/or wear glasses/contacts?

Is there a family history of learning disorders, mental health problems, behavior problems, emotional problems, mental retardation, autism spectrum disorders, or speech and language problems? If yes to any, please describe:

Does the individual currently receive any mental health or social services (for example, from a psychiatrist, psychologist, therapist, social worker, etc)? If yes, please describe:

Please describe current or previous difficulties this individual has had in the following skill areas, if any:

Walking (Is individual ambulatory? Use of any adaptive equipment while walking?): _____

Communicating (How does individual communicate? Use of any communication equipment, explain): _____

Eating: _____

Behavioral issues: _____

How does this individual get along with his/her parents or caregivers, siblings, and/or roommates? _____

Additional information to help determine support needs:

Does this individual have any alone time? If yes, explain:

Does individual have a tendency to elope? If yes, explain:

Has the individual ever been employed? If yes, explain:

Does the individual have interest in future paid employment? If yes, explain:

Please describe this individual's personality: _____

Briefly list or describe this individual strengths and positive characteristics: _____

Please list interests, activities, hobbies, sports and games that this individual enjoys; Any clubs or organizations important to them? _____

Does the individual like to go on outings in the community? If so, please list preferred activities.

What is important to the individual? _____

What does the individual dislike? _____

What does the individual want to accomplish in the future; What are the individual's personal goals? _____

How does the individual interact with others? _____

Does the individual have any cultural considerations? _____

<p>Office Use Only:</p> <p>Reviewer Signature and Title: _____ Date: _____</p> <p><input type="checkbox"/> Check Box if approved</p> <p>If denied, provide reasoning: _____ _____</p>
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