

Manfred J. Melcher, MSW, LCSW

Licensed Clinical Social Worker
CA license 74175

126 Clock Tower Place Suite 214
Carmel, CA 93923

Office Phone: (831) 402-5115

Child Developmental/Medical History

Please fill out this form to the best of your knowledge. Any supporting documentation that would be useful should be attached or sent as soon as possible.

Child's Name: _____ DOB: __/__/__

Pregnancy and birth/delivery history (late, pre-mature, C-section, complications, unremarkable):

Mother's history of medication and/or substance use during pregnancy and child's infancy:

Nodal events/stressors during pregnancy (health, social, legal, financial, familial, etc.):

Baby's condition at birth. Medical concerns for infant or mother:

Early developmental concerns:

Developmental milestones (walking, using words, toilet training, etc.):

Caretaker/familial circumstances during early childhood (living arrangements, single parenthood, foster care, relocations, family changes/stressors):

Known or suspected history of abuse (emotional, physical, sexual, neglect):

Please describe your child's:

Temperament/personality:

Emotional development & functioning:

Cognitive development & functioning:

Behavioral development & functioning:

Interpersonal development & functioning:

School history:

Sleep patterns/history/problems:

Eating/diet habits and/or difficulties:

Hygiene/self-care (*as applicable by age*):

Drug and alcohol history (*as applicable by age*):

Concerns regarding sexuality, sexual development, abuse history:

Current Concerns:

Last physical examination: __/__/__ Physician: _____

Results/concerns:

Is your child currently being treated for any medical condition? _____

Current medications (name, dosages, prescribing physician's name):

May I contact your child's physician to exchange information related to treatment and to insure proper treatment (i.e. attain physician's recommendation and discuss issues as they relate to your child's psychotherapy/counseling)?

Please list any history of medical conditions, illnesses, hospitalization, and injuries: _____

Please list any history of psychiatric or psychotherapeutic treatment, hospitalizations, illnesses, diagnostic information, and related history:

Additional information:
