

The Hills Medical Group

DEVELOPMENTAL DELAYS FORM

Patient Name _____

Hometown _____ Travel time to clinic _____

How did you hear about our clinic? _____

Child's date of birth ____/____/____ Age _____

Diagnosis _____ Age @ diagnosis _____

Previous biomedical care

Main concern about child

FAMILY

Parent's occupation
Mother _____ Father _____

Parent's significant medical history
Mother

Father

Sibling's significant medical history

Siblings or close relatives with neuro-developmental issues

PRENATAL HISTORY

Maternal age _____

	YES	NO
Mother had problems during pregnancy.		
Mother had illness/es during pregnancy.		
Mother received vaccinations during pregnancy.		
Mother had amalgam (silver colored) fillings during pregnancy.		
Mother had possible known or suspected environmental toxin exposures during pregnancy.		
Mother had known or suspected environmental toxin exposures during her youth.		
Mother's blood type is Rh X.		
Mother had X Rhogam shots.		
Mother had had illness/es during pregnancy.		
Baby was delivered at 36 weeks.		
Vaginal delivery.		
There were problems during delivery.		
Baby spent regular days in the hospital.		
Baby had problems during hospital stay.		

DEVELOPMENT

Symptoms first noticed at _____ months / years.

Child development was normal until _____ months / years.

List any regressions: _____

List any possible triggers to regression: _____

LANGUAGE

Child is currently nonverbal. YES NO Age of milestones _____

Current words / sentences: _____

Child lost language skills at _____ months / years.

MOTOR

Gross motor skills _____

Fine motor skills _____

Coordination _____

Child toe walks YES NO

Child has flat feet YES NO

GI

Child was breastfed for _____ months / years. Child was formula fed for _____ months / years.

Child was colicky as an infant YES NO

Child did not show any signs of abdominal pain until _____ months / years.

Child's bowel habits

Past

Current

Child is potty trained. YES NO Child is picky eater. YES NO

Food cravings _____

Food sensitivities / allergies _____

Has child tried any special diets? YES NO If yes, please elaborate.

SLEEP

Child's sleep habits

Previous _____

Current _____

Child has funny odors or sweating during sleep. YES NO

DENTAL

Child has amalgams (silver colored fillings). YES NO Child grinds teeth. YES NO

Child has problems with tooth enamel. YES NO

BEHAVIOR

Child's level of attention

Child is hyperactive. YES NO Child is sometimes "foggy" or "spaced out". YES NO

Child is rarely silly or giddy. YES NO Child has tantrums. YES NO

Child is aggressive. YES NO Child has no history of strep infections. YES NO

Child does self stimulating (stimming) behaviors. YES NO

Child does exhibit obsessive behaviors. YES NO

Things (environment / infection / other) that makes child's behavior worse:

Things (environment / infection / other) that makes child's behavior better:

SOCIAL

Child has little social interaction problems with adults / peers. YES NO

NEURO / SENSORY

	YES	NO
Child has seizures		
Child has a history of tics		
Child has had an EEG		
Child has had neuro-imaging (MRI-normal)		
SENSORY ISSUES		
Oral		
Touch		
Sound		
Smell		
Child has no history of pain insensitivity		
Child has had auditory integration training		

INFECTIOUS DISEASE

Child has frequent or unusual infections		
Child has had _____ courses of antibiotics		
Last course of antibiotics _____		
Child has used antiviral medications		
Child has had antifungal medications		

IMMUNIZATIONS

	YES	NO
Child received the routine immunization schedule		
Child showed reactions to shots		
Reactions		
Child has had flu shots		
There is no unusual history of chicken pox or shingles in patient or family		

ENDOCRINE

There is no family history of precocious puberty		
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ALLERGIES

Child has food or drug allergies		
Allergies:		
Child has history of asthma or wheezing		
Child does get dark circles under their eyes		
Child has been on steroids in the past		

DERMATOLOGY

Child does not have any history of rashes or eczema		
Child does get rashes with certain foods		
If yes, what foods?		
Child does get redness around the anus, diaper rashes		

Interventions that have helped child

Interventions that have made no difference

Interventions that made child worse
