

Developmental/Family Social History Questionnaire

Client name: _____ Date: _____

Person completing this form: _____ Relationship: _____

Current marital status: Single Married Divorced Separated Cohabiting Widowed

Number of children (list gender and age):

Who lives with client currently and their relationship to client:

Type of housing (house, apartment, shelter, etc.):

Description of relationships with:

Parents:

Siblings:

Children:

Significant other:

Extended family:

Who did the child grow up with?

Was there any separation from the parent(s) during childhood? (If yes, explain)

Issues of health for client or mother during pregnancy and/or birth:

Client's history meeting developmental milestones:

Physical:

Psychological:

Social:

Intellectual:

Academic:

Special Services used in the past or currently to assist child to meet developmental milestones :

Cultural background and considerations: