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**Child/Adolescent Development Form**  
**(For patients under 18 years old)**

**Patient/Client Name:** \_\_\_\_\_

Date: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Pregnancy and Birth: Full term:** \_\_\_\_ Yes \_\_\_\_ No      **C-Section:** \_\_\_\_ Yes \_\_\_\_ No

Complications or problems during pregnancy and/or birth: \_\_\_\_\_

**Developmental Milestones:** (ages) sat-up \_\_\_\_ crawled \_\_\_\_ walked \_\_\_\_ talked \_\_\_\_ toilet training \_\_\_\_

Describe delays or complications in any of the above areas: \_\_\_\_\_

Describe any illnesses and/or surgeries or other medical conditions: \_\_\_\_\_

**Trauma:** \_\_\_\_ Yes \_\_\_\_ No    If Yes, describe: \_\_\_\_\_

**Day Care:** \_\_\_\_ Yes \_\_\_\_ No    If Yes, Where/When: \_\_\_\_\_

**Preschool:** \_\_\_\_ Yes \_\_\_\_ No    If Yes, Where/When: \_\_\_\_\_

**1<sup>st</sup> – 5<sup>th</sup> Grade:** Where: \_\_\_\_\_ Grades: \_\_\_\_\_

Describe behavior: \_\_\_\_\_

Type of classes (i.e. special ed., GATE, etc.) \_\_\_\_\_

**6<sup>th</sup> – 8<sup>th</sup> Grade:** Where: \_\_\_\_\_ Grades: \_\_\_\_\_

Describe behavior: \_\_\_\_\_

Type of classes (i.e. special ed., GATE, etc.) \_\_\_\_\_

Client/Parent/Caregiver \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature \_\_\_\_\_ Provider License # \_\_\_\_\_ Date \_\_\_\_\_

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**Patient/Client Name:** \_\_\_\_\_

**9<sup>th</sup> Grade and up:** Current Grade: \_\_\_\_\_

Describe Behavior: \_\_\_\_\_

Type of classes (i.e. special Ed., GATE, etc.) \_\_\_\_\_

Comments: \_\_\_\_\_

**Social Development:** Clubs: \_\_\_\_\_

Sports: \_\_\_\_\_

Hobbies: \_\_\_\_\_

**Family Life** (i.e. include age and dates: adopted, parents, divorced, significant losses/deaths, blended family, moves, etc.): \_\_\_\_\_

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**Describe Family Relationships:** \_\_\_\_\_

**Describe Peer Relationships:** \_\_\_\_\_

**Describe Problems:** \_\_\_\_\_

Form completed by: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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Client/Parent/Caregiver

Date

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Provider Signature

Provider License #

Date