

F. Development

Please complete the form below giving as much information as you can about the pregnancy, birth and early years development of the child who has been referred. You may find it helpful to refer to the Red Book (and please bring the Red Book with you to the appointment).
If there is any information that you don't know, please write 'don't know'. Please continue on the back of the sheet if you need to.

Pregnancy and Birth

Please provide details about the pregnancy and delivery.

Was fertility treatment needed to get pregnant e.g. IUI, IVF, ICSI? Yes ☐ No ☐

Was Mum ill during pregnancy? Please give details.

Was Mum taking any medicines or drugs during pregnancy? Please give details.

Were there any problems seen on the ultrasound scans? Please provide details including how many weeks into pregnancy the scan was carried out.

Were any non-routine tests done during pregnancy (such as CVS, amniocentesis)?

Please give details of any smoking or alcohol consumption during pregnancy:

Smoking: Yes ☐ No ☐ Alcohol Yes ☐ No ☐

If yes, How many cigarettes per day?

Alcohol (type of drink and how often)?

Where was Baby born?

Delivery:	Normal delivery	<input type="checkbox"/>	Were there any problems during delivery? <hr/>
	Assisted (forceps, ventouse)	<input type="checkbox"/>	
	Caesarean Booked	<input type="checkbox"/>	
	Caesarean Emergency	<input type="checkbox"/>	

How many weeks was Baby born at:

 Weight at birth:

Did Baby need to go to Special Care? If so, for how many days?

Have you or your child been allocated a Social Worker? Yes ☐ No ☐

Development

Please provide details about the child's development.
You may find it helpful to refer to the 'Red Book'

At what age did the child: (if applicable)

Start to sit up:

Start to crawl or move by themselves:

Start to walk :

Say their first words:

Do you have any current concerns about feeding, behaviour or sleeping?

Do you have any concerns about your child's hearing or vision?

For school age children:

Is your child at a mainstream school? Yes ☐ No ☐

Does your child have an Education, Health and Care Plan (EHC) or Special Educational Needs support (SEN)? Yes ☐ No ☐

If yes, please provide details:

Please use the space below to provide any other information you think might be useful or any concerns you may have?