

PT ID or DOB _____



CIGNA Child and Adolescent Supplement

Developmental History			
Pregnancy	<input type="checkbox"/> WNL*	<input type="checkbox"/> Planned	<input type="checkbox"/> Unplanned
	<input type="checkbox"/> Problems (describe)		
Mother Used	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Drugs	
	<input type="checkbox"/> Other Drugs/Medications		
Delivery	<input type="checkbox"/> Full Term	<input type="checkbox"/> Early	<input type="checkbox"/> Late
	<input type="checkbox"/> Complications		
Physical/Motor Development	<input type="checkbox"/> WNL*		
	<input type="checkbox"/> Delayed (describe)		
Speech/Language Development	<input type="checkbox"/> WNL*		
	<input type="checkbox"/> Delayed (describe)		
Social/Emotional Development	<input type="checkbox"/> WNL*		
	<input type="checkbox"/> Delayed (describe)		
Temperament (early Childhood)			
Activity Level	<input type="checkbox"/> High	<input type="checkbox"/> WNL*	<input type="checkbox"/> Low
Distractibility	<input type="checkbox"/> High	<input type="checkbox"/> WNL*	<input type="checkbox"/> Low
Attention Span	<input type="checkbox"/> High	<input type="checkbox"/> WNL*	<input type="checkbox"/> Low
Feeding	<input type="checkbox"/> High	<input type="checkbox"/> WNL*	<input type="checkbox"/> Low
Mood	<input type="checkbox"/> High	<input type="checkbox"/> WNL*	<input type="checkbox"/> Low
Mood Intensity	<input type="checkbox"/> High	<input type="checkbox"/> WNL*	<input type="checkbox"/> Low
Response to New Stimuli	<input type="checkbox"/> High	<input type="checkbox"/> WNL*	<input type="checkbox"/> Low
Adaptability to Change	<input type="checkbox"/> High	<input type="checkbox"/> WNL*	<input type="checkbox"/> Low
Changes in temperament over time			
Other significant information			
Educational History			
Significant problems/concerns or recent changes			
Current Grade			

*Within normal limits