

PT ID or DOB _____

Evernorth Child and Adolescent Supplement**Developmental History**

Pregnancy	<input type="checkbox"/> WNL*	<input type="checkbox"/> Planned	<input type="checkbox"/> Unplanned
	<input type="checkbox"/> Problems (<i>describe</i>)		
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 (<i>describe</i>)		
Speech/Language Development	<input type="checkbox"/> WNL*		
	<input type="checkbox"/> Delayed (<i>describe</i>)		
Social/Emotional Development	<input type="checkbox"/> WNL*		
	<input type="checkbox"/> Delayed (<i>describe</i>)		

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

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