**Logo, company name

Description automatically generated**

**Lifeline / Timeline**

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| Client Name: | Date of Birth: |
| Completed by: |  |

**NOTE: To be complete by Parents/Guardian of youth clients or clients with developmental differences.**

Please list significant events, people, relationships, experiences, and memories from each of the following stages of development:

Prenatal - Birth: (Indicate the physical and emotional state of health of the biological mother during pregnancy, and any birth trauma (C-section, loss of Oxygen, long labor, natural childbirth, low Apgar scores, etc.)

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0-5 years: (Indicate if developmental milestones were met at appropriate ages – crawling, walking, talking, toilet training, etc. Also indicate sleep issues, social concerns, etc.)

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6-9 years: (Indicate how transition to schooling was, socializing, academic performance, etc.)

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10-13 years: (Indicate peer relations, academics, physical development, age of first menses (if client is female), etc.)

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14-17 years:

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18-21 years:

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22-25 years:

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26-30 years:

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31-35 years:

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36-40 years:

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40’s: (For women, indicate the onset of menopause – emotional & physical symptoms)

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50’s:

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60’s;

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70’s & Onward;

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