



PERSONAL INFORMATION

Family and Social History

Name of Child: _____

Date of Birth: / /
Month Day Year

Custody/Visitation Arrangements: _____

Brothers/Sisters of Child

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Other members of household

Name / Relationship: _____ Age _____

Name / Relationship: _____ Age _____

Any other individuals who care for the child? _____

Notes about your child's habits, likes, dislikes, etc.

Child's Physician: _____

Phone: _____

Emergency hospital preference: _____

DEVELOPMENTAL/HEALTH HISTORY OF CHILD

Any physical or mental delays and/or special needs? If yes, explain:

Does child dress self? Yes No Undress self? Yes No

Is child right or left handed? Right Left

What time does child usually eat breakfast? _____ Lunch? _____ Dinner? _____

Eating problems? _____ Vegetarian? Yes No

Other dietary restrictions? _____

What time does child usually go to bed at night? _____ Awaken? _____

What are the child's favorite indoor play activities? _____

Does the child have any fears? _____

What is your method of behavior? _____

How would you describe your child's personality? _____

What illness has your child had? At what age?

Chicken Pox _____ Mumps _____ Diabetes _____
Measles _____ Other _____

Does your child have frequent colds? Explain _____

Tonsillitis _____ Earaches _____ Stomach aches _____

Does child vomit easily? _____

Does child run high fevers easily? _____

Allergic? Yes No Explain _____

Asthma? Yes No Hives? Yes No

Hayfever? Yes No Other? _____

Has child ever been to the dentist? _____

Vision tested? Yes No Hearing test? Yes No

FOR SCHOOL USE ONLY:

Illness _____

Date _____

Illness _____

Date _____

Illness _____

Date _____

Illness _____

Date _____

Illness _____

Date _____

Illness _____

Date _____

Illness _____

Date _____

Illness _____

Date _____

Accidents _____

Date _____

Accidents _____

Date _____

Accidents _____

Date _____

Accidents _____

Date _____