

Health Information and Developmental History

Child's name _____ Birth Date _____

HEALTH INFORMATION

Doctor's Name _____

Address _____

Phone # _____

What communicable disease has the child had? Measles (Big Red) Mumps

Chicken Pox Whooping cough Measles (3 day) Other

Any serious illness or hospitalization? _____

Hospital preferred _____

Any physical disabilities? _____

Any known allergies other than food (asthma, hay fever, insect bites, others)?

How many colds has your child had this past year? _____

How does the child react to an elevated temperature? _____

How does the child react to being ill? _____

Are any medications given regularly? _____

Has the child's doctor ever prescribed aspirin? _____

Are bowel movements regular? _____ How many a day? _____

What times? _____ Is diarrhea or constipation a problem? _____

Any history of colic? _____

Is the baby's skin highly sensitive? _____

Frequent diaper rash? _____ Do you use: Oil? _____ Powder? _____

Lotion? _____ Other? _____

Are plastic pants used? Always Sometimes Never

Describe your child as you see him/her (appearance, personality, abilities)

PERSONAL HISTORY

Child's Nickname _____ Place of birth _____

Address _____

Language spoken at home (other than English) _____

Names and ages of siblings' _____

Primary caretaker of child _____

Previous child care arrangements _____

Does the child have a "fussy" time? _____ When? _____

How is it handled? _____

EATING

Is the child usually hungry at mealtimes? _____ Between meals? _____

What are his/her favorite foods? _____

What foods are refused? _____

What eating problems does the child have? _____

Any food allergies? _____

Special feeding instructions? _____

A.M. _____

P.M. _____

How is the child fed? ___ Lap ___ High chair ___ Other _____

TOILET HABBITTS: TODDLER

Can the child be relied upon to indicate bathroom needs? _____

What is the word for urination? _____ For bowel movements? _____

Does the child need to go more frequently than usual for his/her age? _____

Is the child frightened of the bathroom? _____

Does he/she have accidents? _____

How does he/she react to them? _____