Child Health and Personal Information Record

Child's Name _____ Date of Birth_____

Nickname _____

Mother (or Guardian) _____Age_____

Father (or Guardian) _____Age_____

Marital Status of Parents:

Married: Yes or No Living together: Yes or No

Separated: Yes or No How Long_____ Divorced: Yes or No How Long_____

Stepfather: Yes or No How Long_____ Stepmother: Yes or No How Long_____

Remarks: _____

Custody/visiting arrangements: _____

Has your child had the following diseases or conditions?

Check (√) correct column.

Disease	**YES**	**NO**	**Comments**
Measles			
German Measles			
Scarlet Fever			
Whooping Cough			
Mumps			
Chicken Pox			
Poliomyelitis			
Epilepsy			
Heart Disease			
Rheumatic Fever			
Kidney Disease			
Diabetes			
Infectious Hepatitis			
Convulsions			
Other			

Does the child have frequent colds? Yes or No Explain _____

_____

Tonsillitis? Yes or No Earaches? Yes or No

Stomachaches? Yes or No Does the child vomit easily? Yes or No

Does the child run high fevers easily? Yes or No

Has the child had any serious accidents? Yes or No Explain: _____

_____

_____

_____

Is the child allergic to anything? Yes or No Explain: _____

_____

If so, how does the allergy usually manifest itself? _____

Asthma _____ Hay Fever _____ Hives_____ Other _____

Has the child ever been to a dentist? Y or N Has the child's vision been tested? Y or N

Has the child's hearing been tested? Y or N

Does the child have any speech problems? Yes or No Explain: _____

_____

How would you evaluate your child's overall health? _____

_____

Brothers and Sisters of Child:

Name _____ Date of birth _____ Grade in School _____

Name _____ Date of birth _____ Grade in School _____

Name _____ Date of birth _____ Grade in School _____

Name _____ Date of birth _____ Grade in School _____

Other members of the household (include relationship and age): _____

_____

Does the child have own room? Y or N If no, with whom does the child share a room with?

_____

Has the child had group play experience? Y or N Where? _____

Does the child have neighborhood playmates? Y or N Specify. _____

_____

When and with whom does the child watch TV? _____

_____

List the TV programs the child watches: _____

_____

Does the child prefer to play alone? Y or N, with playmates? Y or N, with sibling? Y or N, with adults? Y or N Comments: _____

Does the child have imaginary playmates? Y or N Explain: _____

What pets does the child have? _____

What are the child's favorite indoor activities? _____

_____

What are the child's favorite outdoor activities? _____

_____

List the child's favorite toys, play, equipment, and books: _____

_____

_____

Is the child right- or left-handed? _____

Would you classify your child as a good, average, or a poor eater? _____

For which meal is the child most hungry? Breakfast, Lunch, or Snack _____

Does the child feed himself or herself? Yes or No Wait to be fed? _____

Does the child nap during the day? Yes or No When: _____

Can the child decide when to go to the bathroom or is a reminder needed? _____

_____

Word child uses for: Urination: _____ Bowel Movements: _____

Usual time for B.M.: _____

Age at which child: crept on hands and knees _____ sat without help _____

Walked without help _____ named simple objects _____

Repeated short sentences _____ slept through the night _____

Began toilet training _____

Does the child have any problems of which we should be aware of? _____

_____

_____

How would you describe your child's personality? _____

_____

_____

Are there any special family circumstances which may be a factor in your child's present behavior (divorce, death, new baby, recent move, hospitalization, etc.? _____

_____

_____

Please explain: _____

_____

What concerns do you have about your child's present behaviors? _____

_____

What are you doing about these concerns? _____

_____

In what ways would you like to see your child develop during this year in our program? ____

_____

_____

Please add any comments that you feel will help us know your child better. _____

_____

Thank you very much for your help.

_____ _____

Signature Date