DEVELOPMENTAL HEALTH HISTORY

(Infants and Young Children)

Child's Name: _____ Date of Birth: _____

Nickname: _____

PHYSICAL HEALTH

What health problems has your child had in the past?

What health problems does your child have now?

Other Than What You Listed Above

Does your child have any allergies? If so, to what?
How severe?

Does your child take any medicine regularly? If so, what?

Has your child ever been hospitalized? If so, when and why?

Does your child have any recurring chronic illness or health problems such as:
____ asthma _____ cerebral palsy _____developmental delay

____ diabetes _____frequent ear aches _____ hemophilia

_____ seizure disorder _____other _____

If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem?

Do you have any other concerns about your child's health?

DEVELOPMENT (compared to other children this age)

Does your child have any problems with talking or making sounds? Please explain.

Does your child have any problems with walking, running or moving? Please explain.

Does your child have any problems seeing? Please explain.

Does your child have any problems hearing? Please explain.

Does your child have any problems using his or her hands (such as with puzzles, small building pieces)? Please explain.

DAILY LIVING

What is your child's typical eating pattern?

Write N/A (non-applicable) if your child is too young for the following questions to apply.
What foods does your child like?
Dislike?

How well does your child use table utensils (cup, fork, spoon)?

How does your child indicate bathroom needs?
Words for urination:
Words for bowel movements:
Special words for body parts:

What are your child's regular bladder and bowel patterns? Do you want us to follow a particular plan for toileting?

For toddlers, please describe use of diapers or toileting equipment (such as potty, toilet seat adaptor).

What are your child's regular sleeping patterns?

Awake at _____ Naps at _____ Goes to bed at _____

What help does your child need to get dressed?

SOCIAL RELATIONSHIPS/PLAY

What ages are your child's most frequent playmates?

Is your child friendly? _____ Aggressive? _____ Shy? _____ Withdrawn? _____

Does your child play well alone?

What is your child's favorite toy?

Is your child frightened by (circle all that apply) Animals? Rough children? Loud noises? The dark? Storms? Anything else?

Who does most of the disciplining?

What is the best way to discipline your child EXLUDING physical punishment?

With which adults does your child have frequent contact?

Does your child use a special comforting item (such as a blanket, stuffed animal, doll)?

Is there any other information that you wish to share that would assist in meeting your child's needs?

Parent's Signature: _____

Date: _____