

INFANT/TODDLER HEALTH AND DEVELOPMENT QUESTIONNAIRE

Child's Full Name _____

Date of Birth _____ Sex _____

Please answer the questions on this form. We feel this information will help us be more effective in working with your child.

NOURISHMENT

Type of food your child eats: Strained _____ Junior _____ Table _____

How has child been fed? Held in lap _____ High Chair _____ Other _____

Does your child use a bottle? _____ Handle cup and spoon? _____

Current feeding schedule _____

Schedule has been use how long? _____

Any special feeding problems? _____

SLEEPING HABITS

Does child wake: Active _____ Sluggish _____ Crying _____ Happy _____ Fussy _____

How does child sleep? Heavy _____ Light _____ Restless _____

What times does child get up in the a.m.? _____ Go to bed in the p.m. _____

What is your child's nap pattern? Time of a.m. nap _____ Time of p.m. nap _____

Do you have a bedtime routine with your child?

Rocking _____ Singing _____ Stories _____ Talking _____ Other _____

DIAPERING/TOILETING

Does your child use: Diapers _____ Potty Seat _____

Special toilet seat _____ Regular toilet seat _____

Do you use: Disposable diapers _____ Cloth diapers _____ Training Pains _____

Are plastic pants used? Always _____ Sometimes _____ Never _____

Do you use: Oil _____ Powder _____ Other _____

Is baby's skin highly sensitive? _____ Frequent diaper rash _____

Are bowel movements regular _____ How many per day? _____ What time _____?

Is diarrhea or constipation a problem? _____

If yes, please explain _____

Has toilet training been attempted _____

HEALTH

Is your child taking over-the-counter or prescribed medication regularly at home?

If yes, what? _____

Is your child taking vitamins regularly at home? Yes _____ No _____

If yes, what? _____

List any known allergies to food or environment _____

What is the allergic reaction? _____

How is this treated? _____

Have you ever suspected your child of having seizures? _____

What was the cause? _____

How was this treated? _____

How do you consider your child's physical development?

Normal _____ Advanced _____ Lagging _____

Comments: _____

SOCIAL/EMOTIONAL

Check the words that best describe your child's temperament or personality.

Affectionate _____ Serious _____

Aggressive _____ Fearful _____

Assertive _____ Stubborn _____

Cautious _____ Friendly _____

Curious _____ Quiet _____

Sensitive _____ Rebellious _____

Determined _____ Sense of humor _____

Does your child use a pacifier, suck thumb, security object? _____

When does your child use them? _____

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

How is this handled? _____

Does your child use special or unusual words/names for object, places, people? _____

Is there anything else, medical or otherwise, that we need to know about your child? _____

Signature of Custodial Parent/Legal Guardian

Date