

Health and Developmental History Form

Child's Name: _____ Date of Birth: _____

Parent/Legal Guardian completing this form: _____

1. List the age at which your child demonstrated the following skills:

Sit-up Independently: _____ Crawl: _____ Walk: _____ Use toilet independently: _____

Produce First Meaningful Words (not just "mama", but 3-4 words, like: mama, ball, dog, cup, etc.): _____

2. Does your child suck a pacifier or thumb? Yes / No At what age did he/she stop: _____

3. Did you have any problems during pregnancy or delivery? Yes / No If yes, please describe below:

4. Length of Pregnancy: _____(weeks) Child's Birth Weight: _____

5. Did your child discharge from the hospital with the mother? Yes / No If no, please describe below:

6. Has your child had any serious injuries, operations or been hospitalized? If yes, please describe & list ages below:

7. What illnesses has your child had and at what age? _____

8. Does your child have any known medical diagnosis? Yes / No If yes, please list: _____

9. Please list any prescription medications your child currently takes and for what: _____

10. Does your child have any difficulties feeding or swallowing? Yes / No If yes, please describe in detail below:

Does your child have to have a thickener added to his/her liquids or eat a special diet? Yes / No

11. Has your child ever had pneumonia? Yes / No If yes, how many episodes and when? _____

12. Has your child's hearing been tested? Yes / No If yes, list age & results: _____

13. Has your child had ear infections? Yes / No If yes, at what age? _____

Has your child had P.E. Tubes placed due to ear infections? Yes / No If yes, when? _____

14. What is the main language spoken in the home? _____

15. Percentage of English spoken in the home? _____

16. What are your concerns about your child's development? (i.e fine motor, gross motor, sensory, speech and language)

17. Any additional information (i.e. family history of speech problems, etc.): _____

18. Scheduling: What days does your child attend daycare? _____

19. What time does your child arrive at daycare? _____ What time does your child leave daycare? _____