

Date: _____

Child's Name: _____

Birthdate: _____

Parent 1 Name: _____
 Mother FatherParent 2 Name: _____
 Mother Father

Others living in the home: _____

Please tell us anything you would like us to know about your home life:

Current or previous child care or babysitting arrangements (if any) and child's reactions:

Pregnancy:

Maternal and baby's health, length of term, complications, etc:

Birth:

Child's birth weight and length: _____

Type of delivery: _____

Post-natal care: _____

Other information: _____

Health:Child health? Good Fair Poor

Please explain any:

Physical concerns (such as hearing impairment, vision or other):

Allergies or sensitivities (food/environmental):

Family health history we should be aware of, such as sibling's severe allergies:

Medications:

Accidents, injuries or developmental issues or concerns:

(over please)

Physical Development:

Please provide the age your child consistently achieved these developmental milestones

Rolled over: _____

Sat up with support: _____

Sat by self: _____

Crawled: _____

Stood: _____

Walked: _____

Talked: _____

Skills your child is currently working on:

Activities your child enjoys doing at home:

Sleeping:

Explain your child's sleeping patterns:

How does your child express tiredness?

How does your child fall asleep?

Nutrition and Feeding:

Check all that apply: Nurses only (mom will come for feeding)

Bottle fed breast milk

Bottle fed formula (brand/type)

Uses a cup with a lid

Uses a cup without a lid

What age was your child introduced to table food?

List of foods your child eats:

Does your child eat using utensils or with their fingers?

Parent / Guardian Name

Date