

Form completed by: _____ Date: _____

Child's Name: _____ DOB: ____/____/____

Birth History:

Birth Weight: _____ lbs, Birth Length: _____ in. Was child born: [] Term [] Early [] Late?. If early, how many weeks gestation? ____ wks

Did the mother have any illness or problems during the pregnancy? If yes, please describe. _____

During pregnancy, did mother: Smoke? _____ Drink alcohol? _____ Use drugs? _____

Did the baby have any problems after birth? If yes, please describe. _____

Did the baby go home with the mother from the hospital? _____. Which hospital was the baby delivered at? _____

Type of delivery: [] Vaginal [] Caesarean. Was initial feeding: [] Breast or [] Bottle?

General:

Do you consider your child sickly? If yes, please explain _____

Does your child have any serious illness or medical condition? _____

Has your child had any surgeries? _____

If yes, please explain what kind and when. _____

Had your child been hospitalized? For what and where? _____

Is your child allergic to any drugs or medicines? _____

Development:

Please describe any concerns about your child's physical development. _____

Please describe any concerns about your child's mental or emotional development. _____

Please describe any concerns about your child's attention span. _____

Please describe any concerns about your child's behavior in school. _____

Has he/she failed or repeated a grade in school? _____

How is he/she doing in academic subjects? _____

Is he/she in special or resource classes? _____

Social History:

During the day or working hours who watches your child? _____

Are there guns present in the house? _____. If YES, are they in a secure location away from your children? _____

Do you have well water or city water in your household? _____

Mold/Mildew notice in your household Yes ___ No ___

Home heat type? [ELECTRIC] [FIREPLACE] [NATURAL GAS] [KEROSENE] [PROPANE] [SPACE HEATERS] [WOOD STOVE]

Does anyone who lives with the child smoke? _____;

If YES, list family members that smoke: _____

Where do these family members smoke?[**INSIDE**: (ALWAYS) (SOMETIMES) (NEVER)] [**OUTSIDE**: (ALWAYS) (SOMETIMES) (NEVER)]

Does the child live in an: [APARTMENT] [HOUSE] [MOBILE HOME]

List any pets, and if they are kept inside or outside of the home: _____