

---

## HEALTH INFORMATION

How old were child's parents when child was born? \_\_\_\_\_

How was pregnancy? \_\_\_\_\_

Pregnancy: Normal \_\_\_\_\_ If not, please explain \_\_\_\_\_

Delivery: Normal \_\_\_\_\_ If not, please explain \_\_\_\_\_

If adopted, at what age and under what circumstances? \_\_\_\_\_

Birth weight \_\_\_\_\_ Was the child breast-fed? \_\_\_\_\_ For how long? \_\_\_\_\_

At what age did child crawl? \_\_\_\_\_ walk? \_\_\_\_\_ talk? \_\_\_\_\_

At what age did the child start addressing him/herself as "I"? \_\_\_\_\_

When was the child toilet trained? \_\_\_\_\_

Did/does child wet bed? \_\_\_\_\_ If yes, under what circumstances? \_\_\_\_\_

Did/does the child suck thumb or fingers? \_\_\_\_\_

Any other habits? (nail-biting, hair-twisting, etc.) \_\_\_\_\_

Are there any letters or sounds child did/does not speak clearly (such as R, Y, D)? \_\_\_\_\_

Were there any complications or extraordinary events in the first three years of the child's life? \_\_\_\_\_

Please explain \_\_\_\_\_

Illnesses (include measles, mumps, chicken pox, etc.): \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications currently in use: \_\_\_\_\_

Injuries sustained or hospital experiences: \_\_\_\_\_

Vulnerable areas in child's health (such as stomach, ears, throat): \_\_\_\_\_

---

---

---

## BACKGROUND INFORMATION

### EATING

Do you or your child follow any special diet? \_\_\_\_\_  
\_\_\_\_\_

What foods does your child like most? \_\_\_\_\_  
\_\_\_\_\_

Does child eat breakfast? \_\_\_\_\_ What does s/he eat? \_\_\_\_\_

Describe eating habits: \_\_\_\_\_

What meals does child have with entire family? \_\_\_\_\_

What time are meals? \_\_\_\_\_

### SLEEPING

What time does child wake up on weekday mornings? \_\_\_\_\_ weekend mornings? \_\_\_\_\_

How does child wake up (dreamy, cheerful, crabby, etc.)? \_\_\_\_\_

Does child nap? \_\_\_\_\_

What time does child go to bed on weekdays? \_\_\_\_\_ weekends? \_\_\_\_\_

What, if any, are your child's bedtime rituals? \_\_\_\_\_  
\_\_\_\_\_

Does child fall asleep easily? \_\_\_\_\_ Does s/he sleep through the night? \_\_\_\_\_

Any history of recurring dreams or nightmares? \_\_\_\_\_

### FAMILY LIFE

Do you consider routine important in your child's life? If so, what do you do to provide it?  
\_\_\_\_\_  
\_\_\_\_\_

Does the child have regular chores? \_\_\_\_\_ If so, what are they? \_\_\_\_\_  
\_\_\_\_\_

How do you discipline your child? \_\_\_\_\_  
\_\_\_\_\_

How would you describe your child's temperament? \_\_\_\_\_  
\_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

What languages does child speak? \_\_\_\_\_

Mother? \_\_\_\_\_ Father? \_\_\_\_\_

What activities does family do together that child enjoys? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any home life or attitudes that you consider to be different or unique. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What festivals does your family celebrate? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILD CARE

Parents only \_\_\_\_\_ Part-time caretaker (specify number of hours) \_\_\_\_\_ Full-time caretaker \_\_\_\_\_

Does child have extended family? \_\_\_\_\_ If so, describe relationship \_\_\_\_\_

---

PLAY

Describe the relationship and play of your child with his/her siblings (if any) \_\_\_\_\_

---

Does child take part in any physical activities, lessons, classes or organized sports? \_\_\_\_\_

---

Does child have any special interests? \_\_\_\_\_

---

Does child have any pets? \_\_\_\_\_

---

Does child have relationships/play with neighborhood friends? \_\_\_\_\_

---

Did/Does child have any imaginary playmates? \_\_\_\_\_

---

What kind of play and toys does child enjoy most? \_\_\_\_\_

---

What kind of play and toys does child enjoy least? \_\_\_\_\_

---

Was/Is there a special toy, doll or blanket? \_\_\_\_\_

---

What is child's outdoor play environment? \_\_\_\_\_

---

MEDIA

Does child use a computer and/or play computer or video games? \_\_\_\_\_ How often? \_\_\_\_\_

Does child watch TV or videos? \_\_\_\_\_

Which programs? \_\_\_\_\_

How often? \_\_\_\_\_ How long? \_\_\_\_\_ When? \_\_\_\_\_

What kind of music do you and your children listen to at home? \_\_\_\_\_

---

Do you play radio and tapes/CDs in the car? \_\_\_\_\_

---

Are you willing to limit your child's exposure to media (computers, television, radio)? \_\_\_\_\_

Is there anything you feel is pertinent to your child's biography that has not been covered above (e.g. special abilities, physical characteristics, behavioral, medical or emotional problems to overcome, academic strengths and weaknesses)? If so, please use additional paper to describe.

---

---