

DEVELOPMENTAL HEALTH HISTORY

(School Age)

PHYSICAL HEALTH

What health problems has your child had in the past? \_\_\_\_\_

What health problems does your child have now? \_\_\_\_\_

Other Than What You Listed Above:

Does your child have any allergies? If so, to what? \_\_\_\_\_

How severe? \_\_\_\_\_

Does your child take any medication regularly? If so, what and when? \_\_\_\_\_

Has your child ever been hospitalized? If so, when and where? \_\_\_\_\_

Does your child have any recurring chronic illness or health problems such as:

\_\_\_\_\_ asthma \_\_\_\_\_ cerebral palsy \_\_\_\_\_ developmental delay \_\_\_\_\_ seizure disorder  
\_\_\_\_\_ diabetes \_\_\_\_\_ frequent ear aches \_\_\_\_\_ hemophilia \_\_\_\_\_ other

If medically diagnosed, what is the name of the doctor who diagnosed the illness or health problem. \_\_\_\_\_

Do you have any other concerns about your child's health? \_\_\_\_\_

DEVELOPMENTAL (compared to children this age)

Does your child have any problems with speech? Please explain. \_\_\_\_\_

Does your child have any problems with walking, running, using her or his hands or moving? Please explain. \_\_\_\_\_

Does your child have any problems seeing? Please explain. \_\_\_\_\_

Does your child have any problems hearing? Please explain. \_\_\_\_\_

DAILY LIVING

What is your child's typical eating pattern? Foods your child likes and dislikes. \_\_\_\_\_

Is your child on any special diet? Please describe. \_\_\_\_\_

How well does your child use table utensils (cups, fork, knife, spoon)? \_\_\_\_\_

SOCIAL RELATIONSHIPS/PLAY

What grade is your child in school? \_\_\_\_\_

Is your child having any difficulties in school? Please explain. \_\_\_\_\_

Does your child receive any special education services at school? Please explain. \_\_\_\_\_

Does your child have trouble making friends? \_\_\_\_\_

How does your child get along with peers/friends? \_\_\_\_\_

Is your child involved in any sports/hobbies? Please describe. \_\_\_\_\_

What does your child do when he is stressed, angry or frustrated? \_\_\_\_\_

What is the best way to discipline your child, EXCLUDING physical punishment? \_\_\_\_\_

Is there any other information that you wish to share that would assist in meeting your child's needs? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date