

Health and Developmental History

Child's Name:

Birth Date:

Is there anything about your child that concerns you?

Where do you usually take your child for health care?
When was the last time you took your child to the doctor or clinic?

How was your pregnancy with this child? Did you have any problems? If yes, what sort?

Was your child born prematurely? If yes, how much?

Has your child had any immunizations yet? Which ones?

What do you remember about your child's first months?

What have you observed about your child's growth and weight?

Does your child have a significant health problem? What is it?

What is your impression of how much energy your child has? Does he/she seem to be tired often? Is he/she more active than you expected?

How does your child sleep at night? Does he/she have difficulty falling to sleep? Trouble waking up?
Nightmares?

How is your child's appetite?

Has your child been sick? What kinds of sickness?

Has your child been hospitalized? For what? For how long?

Sometimes children have accidents, like falls, cuts, bumps, or eating strange things. Have any of these things happened to your child? What happened?

What new things has your child learned in the past month?

Do you think your child sees all right?

Do you think your child hears all right?

How do you discipline your child when he/she does something he/she should not do?

Does anyone in your family have significant health problems? Who?