

Child's Health History

Child's Name _____ Birthdate _____
Has child been under the regular care of a doctor? _____ Last exam _____

Developmental History

Walked at _____ months. Began talking at _____ months.

Past Illness

Chicken Pox _____ Asthma _____ Rheumatic Fever _____ Hay Fever _____
Polio _____ Mumps _____ Ten Day Measles (Rubeola) _____
Diabetes _____ Epilepsy _____ Three Day Measles _____
Whooping Cough _____ Other _____

Does child have frequent colds? _____ How many last year? _____
Does child have any allergies? _____
If yes, what type of reaction occurs? _____

Daily Routines

What time does the child get up? _____ Go to bed? _____
Does the child sleep during the day? _____ How long? _____

Eating

Diet Pattern: Breakfast _____
Lunch _____
Dinner _____

Food dislikes _____
Eating problems _____

Toilet Habits

Bowel movements: Regular time _____ Word used for bowel movement _____
Does child need to be reminded to go to the bathroom? _____
Word used for urination _____

Parent's evaluation of the child's health _____
Parent's evaluation of the child's personality _____
Plan for care when child is sick _____

Parent's signature _____ Date _____