

# DEVELOPMENTAL HEALTH HISTORY

(School Age Children)

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_

## **PHYSICAL HEALTH**

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

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

### **Other than what you listed above –**

Does your child have any allergies? Is so, to what? \_\_\_\_\_  
How severe? \_\_\_\_\_

Does your child take any medicine regularly? If so, what? \_\_\_\_\_  
\_\_\_\_\_

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

_____ asthma	_____ cerebral palsy	_____ developmental delay
_____ diabetes	_____ frequent earaches	_____ hemophilia
_____ seizure disorder	other _____	

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

## **DEVELOPMENT (Compared to other children this age).**

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

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

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

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

## **DAILY LIVING**

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

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

*Other side*

**SCHOOL/SOCIAL RELATIONSHIPS**

What grade is your child in and where? \_\_\_\_\_

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/she 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? \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher's Review \_\_\_\_\_ Date \_\_\_\_\_