TODDLER/PRESCHOOLER DEVELOPMENTAL HISTORY

To be completed by the parent before admission

Child's Name: ____ Birthdate: _______________________

Health

- Does your child seem well most of the time? Yes No
- Is your child taking any medication at this time? Yes No
  (including aspirin, laxatives, vitamins, etc.)
  If yes, what? _______________________________________
  Why? ____
- Did your child have as many as three ear Yes No
  infections in the last year?
- Are you concerned about your child's hearing? Yes No
- In a year, does your child usually have more than Yes No
  three colds or sore throat infections with a fever?
- Are you concerned about your child's eyes or vision? Yes No
- Has your child been seen by a medical specialist? Yes No
  If yes, who? ____
  Why? ____
- What arrangements have you made if he or she becomes
  ill at the center? ____________________________________
- Does your child have any handicaps? Yes No
  If yes, describe: _____________________________________
- Does your child have any other illnesses or diseases? Yes No
  If yes, what? ____
- Has your child been hospitalized? Yes No
  If yes, why? ____
- Has your child had any serious accidents or Yes No
  poisonings? If yes, what? ____________________________
- Has your child had any of the following? Please circle:

  Premature birth birth injury head injury convulsions seizures

  trouble breathing at birth allergies (eczema, hives, drug, wheezing, food intolerance,

  asthma, insect stings)

  Describe: ____

  ____

  ____

- Are there any special health needs that staff should be Yes No
  aware of about your child? If yes, please describe: ____________________________________

  ____

Toileting

- Does your child frequently have diaper rash? Yes No
  If yes, how is it treated? ____
- Is your child toilet trained? Yes No
  If yes, does your child stay dry during naps/bedtime? Yes No
- Does your child have bathrooming accidents? Yes No
  If yes, how many per day? _______

- Does your child indicate toilet needs on his/her own? Yes No

What words does your child use for his/her genitals? ______________________________

What words does your child use for elimination? ______________________________

Sleeping

- Do you have any specific ways of helping your child go to sleep? ______________________________
____
- Does your child cry when going to sleep? Yes No
- What is your child's sleeping schedule?
  - Night time: from ________ to ________
  - AM naps: from ________ to ________
  - PM naps: from ________ to ________
- Does your child need a pacifier? Yes No

Eating

- What is your child's present eating schedule? (specify amount)

	Milk/Liquids	Food
Breakfast	____________	____________
Snack	____________	____________
Lunch	____________	____________
Snack	____________	____________

- Does your child have any feeding problems? Yes No
  - If yes, what are they? ______________________________
- Does your child have any special dietary needs? Yes No
  - If yes, please describe: ______________________________

Social Relationships

How does your child interact with other children? ______________________________
____

What is your child's nature in playing alone? ______________________________
____

What makes your child angry/upset? ______________________________
____

How does your child show his/her feelings? ______________________________
____

How do you handle discipline with your child at home? ______________________________________

____

Is your child frightened of anything we should be aware of? __________________________________

____

How do you comfort your child? ____

____

What are your child's favorite activities? ____

____

What would you like your child to gain from his/her experience with us at Holy Nativity? _______

____

How does your family define your child's race?: ____

What language is primarily spoken in your home?: ____

What religion does your family define itself as?: ____

Is there any other information about your child that you feel would be helpful for staff to know to take better care of your child? ____

____

Parent/Guardian Signature: ____________________________________ Date: __________________