

### Growth and Development (completed by parents)

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Check if a **close family member** has had:

Diabetes \_\_\_\_\_

Heart Disease \_\_\_\_\_

Asthma \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

Scoliosis \_\_\_\_\_

Insect Sting Allergy \_\_\_\_\_

Please indicate if **child** has had:

Frequent colds \_\_\_\_\_

Frequent sore throats \_\_\_\_\_

Frequent ear aches \_\_\_\_\_

Frequent vomiting/diarrhea \_\_\_\_\_

Past concussions (number) \_\_\_\_\_

Head or Neck Injury \_\_\_\_\_

Headaches \_\_\_\_\_

Trouble with vision \_\_\_\_\_

Glasses worn \_\_\_\_\_

Last Eye Exam \_\_\_\_\_

Trouble with Hearing \_\_\_\_\_

Hearing Aid \_\_\_\_\_

Problems with toileting/bedwetting \_\_\_\_\_

Chronic Illness \_\_\_\_\_

Tendency to bleed easily \_\_\_\_\_

Orthopedic problems \_\_\_\_\_

Use of adaptive aids (braces, wheelchair, etc.) \_\_\_\_\_

Hay fever (allergies) \_\_\_\_\_

Food Allergies (indicate foods) \_\_\_\_\_

Allergy to medication \_\_\_\_\_

Name of medication \_\_\_\_\_

Symptoms of allergy \_\_\_\_\_

Eczema \_\_\_\_\_

Rashes \_\_\_\_\_

Reaction to insect bite or sting \_\_\_\_\_

Type of reaction \_\_\_\_\_

Is your child taking any medications regularly? \_\_\_\_\_

Name of medications \_\_\_\_\_

### Birth and Early Development

Birth Weight \_\_\_\_\_

Was the baby full term? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain any problems during pregnancy, birth or neonatal period: \_\_\_\_\_

At what age did your child: Sit \_\_\_\_\_ Stand unassisted \_\_\_\_\_ Walk \_\_\_\_\_

Use two or three words together \_\_\_\_\_

### About Your Child

Check if your child:

Bites Nails \_\_\_\_\_ Sucks fingers/thumb \_\_\_\_\_ Has trouble sleeping \_\_\_\_\_

Describe any fears your child has (e.g., the dark, loud noises, etc.) \_\_\_\_\_  
\_\_\_\_\_

What is your child's usual bedtime? \_\_\_\_\_

Would you consider your child: \_\_\_\_\_ Usually quiet and reserved \_\_\_\_\_ Sometimes quiet and sometimes active

\_\_\_\_\_ Almost always active

Is there anything else you would like us to know about your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_