## CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME		SEX		E	BIRTHDATE			
PARENT / AUTHORIZED REPRESENTATIVE NAME					DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?			
PARENT / AUTHORIZED REPRESENTATIVE NAME					DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?			
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?					DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION			
DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)								
WALKED AT*		BEGAN TALKING AT*		T	TOILET TRAINING STARTED AT*			
MONTHS		MONTHS		_	MONTHS			
PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:								
	DATES		DATES			DATES		
☐ Chicken Pox		□ Diabetes		[	□ Poliomyelitis			
<ul><li>☐ Asthma</li><li>☐ Rheumatic Fever</li></ul>		☐ Epilepsy ☐ Whooping Cough			□ Ten-Day Measles (Rubeola)			
□ Hay Fever		□ Mumps			□ Three-Day Measles (Rubella)			
SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS								
DOES CHILD HAVE FREQUENT COLDS? I YES INO				LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF				

<b>DAILY ROUTINES</b> (*For infar	nts and preschool-age	e children only)					
WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES TO BED?*	CHILD GO DOES CH		HILD SLEEP WELL?*			
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*		HOW LONG?*				
DIET PATTERN: (What does child usually eat for	BREAKFAST	BREAKFAST					
these meals?)	LUNCH						
	DINNER						
WHAT ARE USUAL EATING HOURS?	BREAKFAST	BREAKFAST					
THOUSE.	LUNCH	LUNCH					
	DINNER						
ANY FOOD DISLIKES?		ANY EATING	PROBLEM	MS?			
IS CHILD TOILET TRAINED?* □ YES □ NO	IF YES, AT WHAT STAGE:*	REGULAR?*	ARE BOWEL MOVEMENTS REGULAR?*  YES NO				
WORD USED FOR "BOWEL MO	OVEMENT"* \	WORD USED FOR URINATION*					
PARENT / AUTHORIZED REPRE	SENTATIVE EVALUAT	TION OF CHILD'S	SHEALTH				
IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? □ YES □ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?  YES □ NO		IF YES, WHAT KIND AND ANY SIDE EFFECTS:			
DOES CHILD USE ANY SPECIAL DEVICE(S):  YES NO	IF YES, WHAT KIND:	DOES CHILD U SPECIAL DEVIC HOME?		,			

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED RESISTERS AND OTHER CHILDREN?	EPRESENTATIVE, BROTHERS,			
HAS THE CHILD HAD GROUP PLAY EXPERIENCES?				
DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)				
WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?				
REASON FOR REQUESTING DAY CARE PLACEMENT				
PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE			