



Last Updated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD:** \_\_\_\_\_

**YOUNGER CHILD: 0-19 MOS & 19 MOS-3 YEARS**  
**HEALTH INFORMATION**

**Medical:**

Was Your child pre-mature? No Yes- How many weeks early? \_\_\_\_\_

Does your child have any Food/Drug Allergies/ Sensitivities? \_\_\_\_\_

Does your child have a chronic medical condition or take regular medication? Yes None known yet

Please Specify \_\_\_\_\_

Are your child's immunizations up to date? Yes No

**Eating Habits:**

Does your child use: bottle cup spoon

Food Likes/Dislikes: \_\_\_\_\_

Eating Schedule: \_\_\_\_\_

**Sleeping Habits:**

Morning Nap Time: \_\_\_\_\_ Afternoon Nap Time: \_\_\_\_\_

Does your child sleep with a soother: yes No

How does your child fall asleep?

- music drinks a bottle before sleep (no bottles permitted in the cribs or mats)
- rock to sleep sleeps on back
- just lay in crib/on mat sleeps on front
- takes a long time quiet sleeper
- falls asleep quickly restless sleeper
- sleeps better if it's cool sleeps better if it's warm
- light sleeper deep sleeper
- does your child snore how long does your child nap for; \_\_\_\_\_
- sleep with a security item \_\_\_\_\_

**Self Help Skills:** Feeds self Wash self Brush own teeth Dress self

**Toileting:**

Is your child toilet trained? Yes No working on it  has accidents

Does he / she use: a potty chair toilet seat  toilet

Diapers: Cloth Disposable Training Pants

**Play Habits:**

What is your child's favorite toy? \_\_\_\_\_

What are your child's security items? \_\_\_\_\_

What activities does your child enjoy most? \_\_\_\_\_

Does your child enjoy books/ hearing stories? \_\_\_\_\_

Does your child enjoy music? \_\_\_\_\_

Child's other interests? \_\_\_\_\_

How is your child disciplined at home? \_\_\_\_\_

Does your family have pets? No Yes- Please specify: \_\_\_\_\_

\_\_\_\_\_

**Behaviors:**

Does your child have any fears we should be aware of? \_\_\_\_\_

How do you calm your child if they are stressed? \_\_\_\_\_

angry? \_\_\_\_\_

tired? \_\_\_\_\_

sad? \_\_\_\_\_

other? \_\_\_\_\_

How do you know when your child is not feeling well? \_\_\_\_\_

How does your child react to new people and new situations? \_\_\_\_\_

Other Comments: (please note anything else that may affect the care of your child) \_\_\_\_\_

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