



5. Is your child allergic to any medications? If so please list: \_\_\_\_\_

**Physical Growth & Development:**

1. Do you consider your child's in good health? \_\_\_\_\_NO \_\_\_\_\_YES

2. Do you consider your child's development normal? \_\_\_\_\_NO \_\_\_\_\_YES

3. How old was your child when he/she started to walk without help? \_\_\_\_\_

4. At what age was your child toilet trained? \_\_\_\_\_

ANY COMMENTS OR CONCERNS YOU MAY HAVE: \_\_\_\_\_

**Psycho-Social Development:**

1. Who is the major care taker of the child? \_\_\_\_\_

2. Does this child have any habits or activities that disturb? \_\_\_\_\_

3. How do you discipline your child? \_\_\_\_\_

4. How does your child get along with other children, friends or family? \_\_\_\_\_

5. Does your child have frequent accidents? \_\_\_\_\_

6. Do you have a problem regarding your child that you would like to discuss? If so please list:

**In School:**

1. Does your child like school? \_\_\_\_\_ 2. Are your child's grades fair, good or poor? \_\_\_\_\_

3. Has your child ever repeated a grade? \_\_\_\_\_ 4. Is he/she often absent? \_\_\_\_\_

5. Does he/she actively participate in school or other outside activities? \_\_\_\_\_

**Nutritional History:**

1. Breastfed until \_\_\_\_\_ months 2. Bottle fed until \_\_\_\_\_ months Brand \_\_\_\_\_

3. Does your child still drink milk from a bottle? \_\_\_\_\_ 4. How much milk does he/she drink daily? \_\_\_\_\_

5. At what age did your child start eating solid foods? \_\_\_\_\_

6. Has your child ever been on a special formula or diet? If so please explain: \_\_\_\_\_

7. Is your child allergic to any food? If so please explain: \_\_\_\_\_

8. Do you give vitamins? \_\_\_\_\_ 9. Any concerns re: child's diet? \_\_\_\_\_

**Past Immunization History:**

Is your child up to date with his/her immunizations? \_\_\_\_\_