PRE-ADMISSION HEALTH EVALUATION - PARENT'S REPORT

Child's name _____Sex _____Birth date _____

Father's name _____Age _____

Does father live in home with child ? _____

Mother's name _____Age _____

Does mother live in home with child ? _____

Has child been under supervision of Physician ? _____ Date of last examination _____

DEVELOPMENTAL HISTORY

Pregnancy: Full Term _____ Premature at _____months.

Walked at _____months. Began talking at _____ months.

Toilet training started at _____months. Completed by _____months.

Past Illnesses. Check those that child has had and record the approximate dates:

	Dates		Dates		Dates
___ Chicken Pox	_____	___ HIV	_____	___ Mumps	_____
___ Asthma	_____	___ Immune Suppressive Disorders	_____	___ Hepatitis A	_____
___ Rheumatic Fever	_____	___ Diabetes	_____	___ Hepatitis B	_____
___ Epilepsy	_____	___ Hay Fever	_____	___ Poliomyelitis	_____
___ Ten Day Measles Rubela	_____			___ Three Day Measles Rubella	_____

Other serious illnesses or accidents _____

Does child have frequent colds? _____

List any allergies staff should be aware of _____

List any medication your child takes on a regular basis._____

Does the child have any physical or learning disability. Explain_____

_____

Does the child have any emotional or psychological problems ?

Explain _____

Does the child exhibit negative behaviors? _____Yes _____No If yes, please explain_____

_____

Has your child had psychological or behavioral evaluations? _____

If yes, please provide evaluation results. Failure to share all known physical, psychological or behavioral concerns or evaluations will be reason for immediate dismissal.

DAILY ROUTINES

What time does child get up ? _____Go to bed ?_____

Does child sleep during the day ? _____When ? _____ How long ? _____

(Over)

Does child sleep well ? _____

Diet (quantity and food) Breakfast _____

Noon Meal _____

Evening Meal _____

Usual eating hours Breakfast _____

Noon Meal _____

Evening Meal _____

Any food dislikes ? _____

Any eating problems ? _____

Are bowel movements regular ? Yes ___ No ___ What is usual time ? _____

Word used for Bowel movement _____Urination _____

Parent's evaluation of child's health _____

_____

Parent's evaluation of child's personality _____

_____

How does child get along with parents, brother, sisters and other children ? _____

_____

Does child respect authority?_____

Has the child had group play experiences ? _____

_____

Does the child have any special problems ? (fears, etc)

Explain _____

What is the plan for care when child is ill ? _____

_____

Reason for Early Childhood enrollment _____

_____

The foregoing pages of information on this Health Statement are true and correct to the best of our/my knowledge.

Mother's Signature (Guardian) _____Date _____

Father's Signature (Guardian) _____Date _____

1/19

(Over)

1/19