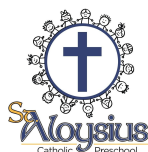

2019-2020
Preschool Student Health History
Personal History

Student Name: ______________________

HEALTH CONDITIONS: *(please check and specify if medication/treatment is necessary)*

(__) Diabetes____________________ (__) Hearing_________________________
(__) Asthma_____________________ (__) Vision__________________________
(__) Heart_______________________ (__) Seizure_________________________
(__) Kidney______________________ (__) Special Diet____________________
(__) Rheumatic Fever_____________

CHILDHOOD DISEASES (approximate month and year):

Chicken Pox ___________ German measles (Rubella) ___________ Mumps_____________
Scarlet Fever___________ Other____

INJURIES AND ILLNESSES:

Injuries/Illnesses/Surgery	Age	Hospitalized?
______________________________	___	_________________________
______________________________	___	_________________________
______________________________	___	_________________________

EATING HABITS

Appetite: Good Fair Poor

Food Likes:____
Food Dislikes:____

Allergies:____

Eating Skills: Feeds self completely __________________ Partially ___________ Not at all ____________

SLEEPING

Naps: Regularly Occasionally Not at all

Child's Attitude towards naptime: Accepts Nap _____________ Rejects Nap

Bedtime Hour ________________ Arising Hour _________________

Does child sleep: Alone With Adult With Another Child

Number of other people sleeping in child's room: Adults Children

List any set habits of getting child to sleep____

DRESSING & TOILETING

Dressing Skills: Dresses self completely _____ Partially Not at all

Fastens buttons _____ Snaps snaps _______ Zips Zippers_____ Ties Shoes_________

Toilet training: At age: ______ Needs Adult Help ______ Needs to be Reminded

Word used for urination___________ Word used for bowel movement __________________

PLAY

Child's play interests:

Play is predominately: Alone
With: Siblings/Cousins_____ Same aged children _____ Older children_____ Family/adults
Other adults

Play is: Quiet Passive Active Boisterous Self Initiated

Group experiences: (Sunday School, Nursery, Play Group, MOPS, etc)

Reactions to: Strangers:____

Adults other than parents in the home:____

Other children in home:____

DEVELOPMENT AND DISCIPLINE

Previous Day Care arrangements: How many changes in caretakers? _____

Infancy: Cared for by____________ Preschool: Cared for by _________________

Age at which child began to walk____________ Age child spoke first words __________________

Does child speak distinctly? Yes No If no, explain Has child seen speech therapist? Yes No

Does child have any fears?____________ If yes, what are they?____

Temper outbursts? Yes No Suck his/her thumb? Yes No Bite nails? Yes No

Cry easily? Yes No If yes, what triggers it? ____

What methods of disciplining do you use? (time out, sent to room, etc…)__________________________________

How successful is this form of discipline? Very___ Sometimes_____ Not Very_____

Who is responsible for child's discipline?____

Is child permitted to make choices?____

What points are most often at issue? (dawdling, inattention, etc…)____

What are the things you like most about your child? ____

____

____

____ ____________________

Name of person completing form (Print) Relationship Date