



Child Health and Developmental History (3-5 Years)

Child's Full Name: _____ Date of Birth: _____ Male ___ Female ___

Parent/Guardian's Name: _____ Phone Number: _____

Address: _____
(Street) (Unit #) (City) (State) (Zip Code)

- Who lives with your child? _____
- Language(s) spoken in the home? _____
- Do you have health insurance for your Child? _____ Yes. _____ No.
- Date of last preventive health care visit _____ Date of last dentist visit _____
- Has your child seen an eye doctor? _____ Yes. _____ No.
- Do you have any questions or concerns about your child's health or development?

_____ We will go over any questions you may have at your screening.

- **Please check resources you and your child use:**
 - Early Childhood Family Education (ECFE)
 - Child and Teen Clinics
 - Preschool- ___ Yes. ___ No. Where? _____
 - Daycare- ___ Yes. ___ No. Where? _____
 - Head Start
 - Follow Along Program
 - School Readiness programs
 - WIC
 - Adult Education options/parenting programs
- **Please Check any areas that you have concerns or questions about your child's:**
 - ___ Health. ___ Learning. ___ Behavior. ___ Talking. ___ Growth. ___ Skin. ___ Eyes/vision.
 - ___ Nose.
 - ___ Throat. ___ Teeth. ___ Mouth. ___ Stomach. ___ Toileting. ___ Activity Level.
 - ___ Walking/Balance. ___ Social/Friendships. ___ Feelings/Moods. ___ Breathing/Cough.
 - ___ Headaches.
 - ___ General Appearance. ___ Other: _____

HEALTH: Please check all that apply to your child and describe:

- Allergies: _____
- Medications: _____
- Medical Diagnoses: _____
- Serious Illness or Injuries: _____
- Hospitalizations: _____
- Problems in Pregnancy or Birth: _____
- Family Health Problems: _____

SAFETY/LEARNING: Do you have any questions on?

- Safety (home environment, exposure to drugs, alcohol, tobacco, fire arms in the home, other)
- Learning (how your child communicates, gets along with others [adults or children], behavior, activity levels, access to preschool experiences, other)
- Self-Care Skills (eating, dressing, sleeping, toileting)