TOTAL Kids PEDIATRIC THERAPY

Health and Developmental History Form

1. How long was your pregnancy (ex. 40 weeks) and any complications during/after pregnancy? :

1.5 What was your child's birth weight?:

2. Has your child had any serious injuries, illnesses, surgeries or been hospitalized? If yes, please describe and at what age?:

3. Does your child have a medical diagnosis? :

4. Is your child on any medications? If yes, please list and for what: :

5. Has your child's hearing and/or vision been tested? If yes, list age and results: :

6. Can you understand your child when he/she speaks? Do you have any concerns? :

7. Please list any medical precautions/allergies: :

7.5 Does your child have any food allergies?:

8. Scheduling: What days does your child attend daycare/school? :

Scheduling: Does your child nap? What time/how long is nap time? : ______________________________

10. Scheduling: What time does your child arrive/leave daycare/school? :

Please list the age at which your child demonstrated the following skills: *Sitting *Crawling *Walking *Eating Solids *Talking (mama, dada):

11. Who all lives in the home with the child? :

12. What are your child's strengths and interests? :