



## Developmental History

In an attempt to facilitate your child's adjustment to a new home environment and help me get to know your child better, please fill out the following form. This information will be kept confidential.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Personal History

Has your child had any feeding problems? (Please describe in detail) \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite foods? \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

Have you noticed any allergies or sensitivities to particular foods? (Please describe)

\_\_\_\_\_

Is your child: breast fed \_\_\_\_\_ bottle fed \_\_\_\_\_ weaned \_\_\_\_\_

Do you give your child a vitamin/mineral supplement regularly? \_\_\_\_\_

Please list name and dosage \_\_\_\_\_

What foods does your child presently eat? \_\_\_\_\_

\_\_\_\_\_

Does your child have any sleeping difficulties? \_\_\_\_\_

How long does your child typically sleep at night? \_\_\_\_\_

Describe your child's present napping pattern: \_\_\_\_\_

Do you have any special ways of helping your child fall asleep? \_\_\_\_\_

\_\_\_\_\_

Does your child usually cry when going to sleep? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

\_\_\_\_\_

Has your child had a serious illness? \_\_\_\_\_

Has your child had any surgical procedures? \_\_\_\_\_

Does your child take any medications on a regular basis? (Please give details) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please take a moment to tell me anything else that will help me to take better care of your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_