

Child's Preadmission Health and Information Sheet – Parent's Report

Child's Name

Date of Birth

Developmental History

Describe any complications during pregnancy _____

Length of Pregnancy _____ Birth Weight _____

Describe any birth complications _____

At what age did your child begin to walk? _____

Describe your child's speech and language _____

At what stage of toilet training is your child? _____

Is there anything else about your child's development that we should be aware?

Health History

Is your child under regular supervision of a physician? _____ Who _____

Has your child been hospitalized for any reason other than birth? _____ What Age _____

Please explain _____

Specify any other serious or severe illnesses or accidents _____

Has your child had: **Asthma** _____ **Tonsillitis** _____ **Ear Infections** _____ **# of ear infections** _____

List any allergies or dietary restrictions _____

Is there anything else about your child's medical condition we should know? _____

Daily Routines

What time does your child get up? _____ What time does your child go to bed? _____

Does your child awaken frequently during the night? _____

Are there issues for you your child surrounding bedtime? _____

Does your child sleep during the day? _____ How Long? _____

Social Information

Child lives with: Mother _____ Father _____ Both Parents together _____ Other _____

Please list all adults and children who live in the household

Name Relationship to child

How does your child get along with parents? _____

How does your child get along with other adults? _____

How does your child get along with siblings? _____

How does your child get along with other children? _____

What other group experiences has your child had? _____

Is there anything else about your child you would like us to know? _____

Parents Signature _____ Date _____