

Kindergarten Health and Development History

School Year: 20____ - 20____

Child's Name: _____ Birth Date _____

1. Pertinent health history of biological father: _____
2. Pertinent health history of biological mother: _____
3. Are either parents currently under medical care? _____ If so, for what condition?

4. Describe pregnancy (duration, health, illness, measles, accidents, doctor's care, etc.)

5. Describe Delivery: _____
6. Baby's condition at birth: injury _____ jaundice _____ anoxia _____ convulsions _____
If prior conditions, please explain: _____

7. Describe child's illnesses and accidents (high fever): _____

8. Describe development of feeding and diet: _____
9. Describe development of sleeping and rest: _____
10. At what age did the child begin to: sit _____ walk _____ feed self _____
establish bladder control _____ other pertinent developmental habits _____
11. Speech: first word _____ several words together _____
Sentences _____
12. Does your child have any allergies?

13. Does your child have any chronic conditions? YES _____ NO _____ If yes, please explain below:

14. Other comments _____
15. Please comment on: hearing _____ vision _____ gait/posture _____