

The following questions are asked to assist in determining the child's needs in a school setting. This health history will be reviewed with a public health nurse.

Child's Name		Sex		Date of Birth	
Address				Phone	
Parent/Guardian Name(s)					
Child's Doctor					
Child's Dentist					
Number of children in family		This child is number			

**HEALTH HISTORY**

**Is your child under a doctor's care for a health problem?**

 Yes

 No

*If yes, please explain:*

**Is your child presently on medication?**

 Yes

 No

*If yes, please explain:*

**Check any which apply to this child:**

 Allergies

 Asthma

 Bone and Joint Disease

 Congenital (from birth) problems

 Diabetes

 Heart Condition

 High Blood Pressure

 Seizure Disorder

 Other Health conditions

*If you checked any of the above, please explain:*

### ***VISION AND HEARING HISTORY***

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Have you ever had concern regarding the child's eyesight? Yes No  
*If yes, please explain:*

Has the child been taken to a specialist for an eye examination? Yes No  
*If yes, please explain:*

Have you ever had concern regarding the child's hearing? Yes No  
*If yes, please explain:*

### ***SPEECH AND LANGUAGE HISTORY***

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Does the child have a noticeable speech problem? Yes No  
*If yes, please explain:*

Do friends / relatives understand most of what the child says? Yes No

Is there a second language spoken at home? Yes No  
*If yes, what language:*

Please check which best describes the child: Talkative Average Silent/Quiet

### ***DEVELOPMENTAL HISTORY***

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Do you have any concerns regarding the child's development? Yes No  
*If yes, please explain:*

Has the child ever attended day care, nursery school or preschool? Yes No  
*If yes, please explain:*

Does the child have any training problems (bedwetting, etc)? Yes No  
*If yes, please explain:*

**GENERAL HISTORY**

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Does the child have difficulty settling down to sleep? Yes No  
*If yes, please explain:*

There has been a recent move death divorce separation  
*If yes, please explain:*

Does the child have behavior habits that concern you? Yes No  
*If yes, please explain:*

Does the child have difficulty talking and playing other children? Yes No

Does the child follow directions willingly? Yes No

Is the child overly active compared with other children? Yes No

Is the child interested in learning? Yes No

How often is the child read to?

What concerns you most about this child?

What pleases you most about this child?

*Any additional comments or notes:*