HEALTH HISTORY QUESTIONNAIRE

Please attach a copy of your child's immunization record.

Child's Name	Date of Birth	Age
Address	Completed By (Relationship to child)	Date Completed
Home Phone	Cell Phone	Email

Household

Please list all those living in child's home

Name	Relationship to child	Birth Date	Health Problems

Are there siblings not listed? If so, please list their names, ages and where they live._____
_____

What is the child's living situation if not with both biological parents?
□ Lives with adoptive parents □ Joint custody □ Single custody
□ Lives with Foster family □ other family relationship
If one or both parents are not living in the home, how often does the child see the other parent(s) not in the home?
_____

Birth History

Birth weight _____ lbs. _____ oz.
Was the baby born at term? _____ Early ____ Late? _____
If early, how many weeks gestation? _____
Did mother have any illness or problem with her pregnancy?
□ Yes □ No Explain _____
_____
During pregnancy did mother: Smoke? □ Yes □ No
Drink alcohol? □ Yes □ No
Use Drugs or medications? □ Yes □ No What? When?
_____

Date of adoption (if applicable) _____
Was the delivery □ Vaginal? □ Cesarean?
If Cesarean, why? _____
_____
Did baby have any problems right after birth? □ Yes □ No
Explain_____
_____
Was initial feeding □ Breast? □ Bottle?
Did baby go home with mother from the hospital?
□ Yes □ No Explain _____

General (if applicable)

	Yes	No	Why or What	Date
Do you consider your child to be in good health?				
Does your child have any serious illness or medical condition?				
Has your child had any serious injuries or accidents?				
Has your child had any surgery?				
Has your child been hospitalized?				
Is your child allergic to any medications or drugs?				
Does your child take any medication on a regular basis?				

Development (if applicable)

Name of school (or daycare) and grade in school _____
How is his/her behavior in school? _____
Has he/she repeated a grade in school? _____
How is he/she doing in academic subjects? _____
Is he/she in special or resource classes? _____
Are your concerned about your children's speech development? □ Yes □ No Why? _____
Are you concerned about your child's physical development? □ Yes □ No Why? _____
Are you concerned about your child's mental or emotional development? □ Yes □ No Why? _____