



## PERSONAL HISTORY

### Health

- Does your child have any known allergies? \_\_\_\_\_
- Any physical disabilities or medical condition? \_\_\_\_\_
- Any serious illnesses? \_\_\_\_\_
- Hospitalization? \_\_\_\_\_
- Any medications given regularly? \_\_\_\_\_
- What communicable diseases has your child had? Measles? \_\_\_\_\_ Mumps? \_\_\_\_\_  
Whooping Cough? \_\_\_\_\_ Chicken Pox? \_\_\_\_\_ Scarlet Fever? \_\_\_\_\_  
Other? \_\_\_\_\_
- Any special health instructions? \_\_\_\_\_  
\_\_\_\_\_

### Dietary

- Does your child have any food allergies? \_\_\_\_\_
- Appetite? Good? \_\_\_\_\_ Fair? \_\_\_\_\_ Poor? \_\_\_\_\_
- Any particular food favorites? \_\_\_\_\_
- Any particular food dislikes? \_\_\_\_\_
- Any special mealtime instructions? \_\_\_\_\_  
\_\_\_\_\_

### Social

- Has your child had experience playing with other children? Yes \_\_\_\_\_ No \_\_\_\_\_
- By nature is your child: Friendly? \_\_\_\_\_ Aggressive? \_\_\_\_\_ Shy? \_\_\_\_\_
- Any favorite toys or activities? \_\_\_\_\_
- Does your child take naps? \_\_\_\_\_  
How Many? \_\_\_\_\_ How Long? \_\_\_\_\_
- Any difficulty in communication? \_\_\_\_\_  
\_\_\_\_\_
- Any special needs? \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_