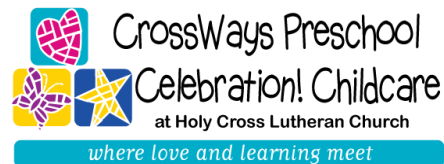


One Year of Age & Older

Personal Care Information



Please fill out the following information regarding your child's medical and social history so that we may better serve you and your child.

Child's Name: _____ Date: _____

Child's Birthdate: _____ Age: _____

Parents/Guardians: _____

Health History of Child – What common diseases has your child had, if any?

_____ Measles (3 day) _____ Mumps _____ Chicken Pox _____ Whooping Cough

Other: _____

Any serious illness or hospitalization? _____

Any physical disabilities? _____

Difficulties in speaking? _____ Yes _____ No Other languages? _____

Special words to describe needs: _____

Any known allergies? _____ No _____ Yes – please list w/symptoms: _____

Any medications given regularly? _____

Are there any foods/products your child cannot eat/use? _____

What arrangements have you normally made for your child's care during illness? _____

Has your child learned to use the toilet appropriately and successfully? _____ YES _____ NO

If NO, please describe the toilet learning methods you use at home with your child:

If YES, can your child be relied upon to indicate their bathroom wishes? _____ Yes _____ No

How often does your child have toilet accidents? _____

What time does your child go to bed? _____ Awaken? _____

Does your child nap? _____ Yes _____ No How long? _____ When? _____

Is there anything else you would like us to know about your child that would help us understand them better?