## CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME		SEX		ВІ	BIRTHDATE		
PARENT / AUTHORIZED REPRESENTATIVE NAME					DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?		
PARENT / AUTHORIZED REPRESENTATIVE NAME					DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?		
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?					DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION		
DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)							
WALKED AT*		BEGAN TALKING AT*		ТО	TOILET TRAINING STARTED AT*		
MONTHS		MONTHS			MONTHS		
PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:							
	DATES		DATES			DATES	
☐ Chicken Pox		□ Diabetes			l Poliomyelitis		
<ul><li>☐ Asthma</li><li>☐ Rheumatic Fever</li></ul>		☐ Epilepsy ☐ Whooping Cough			Measles (Rubeola)		
□ Hay Fever		□ Mumps			Measles (Rubella)		
SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS							
DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO				LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF			

DAILY ROUTINES (*For infai	nts and preschool-age	e children only)						
WHAT TIME DOES CHILD GET UP?*	TO BED?*	WHAT TIME DOES CHILD GO TO BED?*		DOES CHILD SLEEP WELL?*				
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	WHEN?*		HOW LONG?*				
DIET PATTERN: (What does child usually eat for	BREAKFAST	BREAKFAST						
these meals?)	LUNCH							
	DINNER							
WHAT ARE USUAL EATING HOURS?		BREAKFAST						
	LUNCH	LUNCH						
	DINNER	DINNER						
ANY FOOD DISLIKES?		ANY EATING	PROBLEMS?					
IS CHILD TOILET TRAINED?* IF YES, AT WED YES □ NO STAGE:*		ARE BOWEL MOVEMENTS   WHAT IS USUAL TIME?*						
WORD USED FOR "BOWEL MO	VEMENT"*	WORD USED FOR URINATION*						
PARENT / AUTHORIZED REPRE	SENTATIVE EVALUAT	TION OF CHILD'S	S HEALTH					
IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?  UYES UNO	IF YES, NAME OF DOCTOR:	PRESCRIBED AND		ES, WHAT KIND OANY SIDE ECTS:				
DOES CHILD USE ANY SPECIAL DEVICE(S):  YES NO	IF YES, WHAT KIND:	SPECIAL DEVI HOME? DYES DNO	NO					
PARENT/ AUTHORIZED REPRE	SENTATIVE EVALUAT	ION OF CHILD'S	PERSONALITY					

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED RESISTERS AND OTHER CHILDREN?	EPRESENTATIVE, BROTHERS,				
HAS THE CHILD HAD GROUP PLAY EXPERIENCES?					
DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)					
WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?					
REASON FOR REQUESTING DAY CARE PLACEMENT					
PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE				