# CHILD’S PREADMISSION HEALTH HISTORY—PARENT’S REPORT

## CHILD’S NAME

<table>
<thead>
<tr>
<th>CHILD’S NAME</th>
<th>SEX</th>
<th>BIRTH DATE</th>
</tr>
</thead>
</table>

##Father/Father’s Domestic Partner’s Name

- **Does Father/Father’s Domestic Partner live in home with child?**

##Mother/Mother’s Domestic Partner’s Name

- **Does Mother/Mother’s Domestic Partner 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)

<table>
<thead>
<tr>
<th>WALKED AT*</th>
<th>Began Talking At*</th>
<th>Toilet Training Started At*</th>
</tr>
</thead>
</table>

### Past Illnesses

Check illnesses that child has had and specify approximate dates of illnesses:

- **Chicken Pox**
- **Asthma**
- **Rheumatic Fever**
- **Hay Fever**
- **Diabetes**
- **Epilepsy**
- **Whooping cough**
- **Mumps**
- **Poliomyelitis**
- **Ten-Day Measles** *(Rubeola)*
- **Three-Day Measles** *(Rubella)*

Specify any other serious or severe illnesses or accidents:

Does child have frequent colds?  

- **Yes**
- **No**

How many in last year?

List any allergies staff should be aware of:

##Daily Routines (For infants and preschool-age children only)

- **What time does child get up?**
- **What time does child go to bed?**
- **Does child sleep well?**

Does child sleep during the day?  

- **When?**
- **How long?**

Diet pattern:  

(What does child usually eat for these meals?)

<table>
<thead>
<tr>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
</tr>
</thead>
</table>

Any food dislikes?

Any eating problems?

Is child toilet trained?  

- **Yes**
- **No**

If yes, at what stage?  

Are bowel movements regular?  

- **Yes**
- **No**

What is usual time?  

**Free Preview End**

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