

**PRESCHOOL CHILD'S FAMILY, SOCIAL AND HEALTH HISTORY**

The purpose of this history is to provide the Achiever staff with your child's **most recent** family and health information. This information will better assist us in partnering with you (as a parent/guardian) to meet your child's needs. Please fill out the information below completely, feel free to attach additional information if needed.

**Family History:**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Parent's Marital Status: Married Living Together Separated Divorced Single

If separated or divorced, are there custody/visiting arrangements we need to be aware of?  
Please explain:

\_\_\_\_\_  
\_\_\_\_\_

Please list the child's siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Lives with child? Y N

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Lives with child? Y N

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Lives with child? Y N

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Lives with child? Y N

Please list any other members of the child's household and their relationship to the child:

\_\_\_\_\_

Does the child room alone? Y N If no, with whom? \_\_\_\_\_

Is the child adopted? Y N If yes, at what age, and does he/she know? \_\_\_\_\_ Y N

Who has cared for the child other than parents? \_\_\_\_\_

Has the child had group play experiences? Y N If yes, where? \_\_\_\_\_

**Development History:**

Age at which child did the following: Walked alone \_\_\_\_\_ Named simple objects \_\_\_\_\_

Repeated short sentences \_\_\_\_\_ Slept through the night \_\_\_\_\_ Toilet trained \_\_\_\_\_

Words used for urination and bowel movement \_\_\_\_\_

Does child dress self? Y N Undress self? Y N Is child right or left handed? \_\_\_\_\_

What time does child usually go to bed? \_\_\_\_\_ Wake up? \_\_\_\_\_ What time does child eat breakfast? \_\_\_\_\_ lunch? \_\_\_\_\_ dinner? \_\_\_\_\_ Are there any eating problems we

need to know about (vegetarian, picky eater, etc.)? \_\_\_\_\_

Does the child have any food allergies? \_\_\_\_\_

What are the child's favorite indoor activities? \_\_\_\_\_

Outdoor activities? \_\_\_\_\_ Does the child play with water? Y N

Go barefoot? Y N Does the child have any fears we need to be aware of? Y N If yes, please explain: \_\_\_\_\_

Does the child have any speech problems? Y N If yes, please explain: \_\_\_\_\_

What method of behavior modification is used in your home? \_\_\_\_\_

How does the child usually react to the modification? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

**Health History:**

What illnesses has the child had and at what age?

Chicken Pox    Y   N    age \_\_\_\_\_    Scarlet Fever    Y   N    age \_\_\_\_\_  
Diabetes        Y   N    age \_\_\_\_\_    Mumps            Y   N    age \_\_\_\_\_  
Measles         Y   N    age \_\_\_\_\_    Hepatitis         Y   N    age \_\_\_\_\_  
Other \_\_\_\_\_

Does the child have frequent colds? Explain: \_\_\_\_\_

\_\_\_\_\_

Tonsillitis?    Y   N                      Earaches?    Y   N                      Stomachaches?    Y   N

Does the child vomit easily?    Y   N                      Run high fevers?    Y   N

Has the child had any serious accidents? Explain: \_\_\_\_\_

\_\_\_\_\_

Does the child have:    Asthma?    Y   N                      Hay fever?    Y   N

Does the child have a severe food allergy? Explain: \_\_\_\_\_

\_\_\_\_\_

Has the child ever been to a dentist?    Y   N

Has the child ever had a vision test?    Y   N

Has the child ever had a hearing test?    Y   N

Does the child wear corrective shoes?    Y   N

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_