

MESA UNION SCHOOL DISTRICT
CHILD HEALTH HISTORY AND BACKGROUND INFORMATION

Child's Full Name: _____ Birthdate: _____

Home Address: _____

Home Language: _____ Sex: M ___ F ___ Home Phone: _____

Work Phones: Mother's: _____ Father's _____

PREGNANCY AND BIRTH HISTORY (check "Yes" or "No")

YES

NO

During this pregnancy, did you have:

High Blood Pressure

Anemia

Hemorrhage

Problems with labor and/or delivery

How much did your baby weigh at birth? ___ lb, ___ oz.

During first month of life, did your baby have:

Beathing problems

Feeding problems

Was your baby premature?

Was your baby overdue by more than two weeks?

CHILD'S MEDICAL HISTORY AND HEALTH REVIEW

Operations

Other hospitalizations

Serious accidents

Takes medication regularly.

Allergies (foods, medicine, pollens, etc.)

Frequent ear infections birth to 1 year

Frequent ear infections 1-4 years

Ear infections: Number in last year _____

Tonsillitis or severe sore throat:

Number in last year _____

CHILD'S DEVELOPMENT

Did your child:

Roll over at 3-4 months?

Sit alone at 7-8 months?

Walk alone by or before 15 months?

Make baby sounds?

Say first words before 15 months?

Use two-word combinations by 2 years?

Seem to hear well?

Seem to see well?

Has your child received services from:

School District

Infant Specialist

Easter Seals

Tri-County Regional

Speech Therapy

Physical Therapy

Occupational Therapy

When? _____

Did your child attend pre-school?

Where? _____

How Long? _____

PRESENT BEHAVIOR OF YOUR CHILD

These questions will help us understand your child better and what is usual for him/her and what might not be usual that we should be concerned about:

1. Can you tell us one or two things your child is interested in or does especially well? _____

2. Does your child need help in going to the bathroom during the day? Yes ___ No ___ If yes, please explain _____

3. Does your child have any trouble saying what he/she wants to do or do you have trouble understanding your child?
Yes ___ No ___ If yes, please explain _____

4. Have there been big changes in your child's life in the last six months? Yes ___ No ___ If yes, please describe _____

5. Are you or your family having any problems now that might affect your child? Yes ___ No ___ Please describe _____

6. Is there anything else you would like us to know about your child? Yes ___ No ___ Please describe _____

Person filling out form _____
Relationship to child _____
Date _____