CHILD'S PREADMISSION HEALTH HISTORY – PARENT'S REPORT

State Department of Education Office of Child Development CD-2206 (Rev. 4-01)

Walked at: months Began talking at: months Toilet training started at: months ILLNESSES - Check all illnesses that the child has had and give approximate dates: Chicken Pox	Child's Name:		Sex:	Date o	Date of birth		
Has the child been under regular supervision of a physician? Date of last examination:	Father's name:		Age:	Does th	Does the father live at home with child?		
Walked at:months	Mother's name:	Age: Does t		the mother live at home with child?			
Walked at:months	Has the child been under regula	ar supervision of a physici	an?	Date	of last examination:		
Chicken Pax	DEVELOPMENTAL HISTORY						
Chicken Pax Diabetes Diabetes Epilepsy Ten-day measles (Rubeola) Three-day measles (Ru	Walked at: months	Began talking at: _	mon	ths Toi	ilet training started at:	months	
Asthma Rheumatic fever Rubeolas Repleases or accidents: Does the child have frequent colds?	ILLNESSES – Check all illnes	sses that the child ha	s had and	give app	oroximate dates:		
DAILY ROUTINES What time does the child get up? What are usual eating hours? Any eating problems? Any food dislikes? Are bowel movements regular? Yes No What is the usual time? Word used for - Bowel movement: Urination: Parent's evaluation of child's health Parent's evaluation of child's personality How does the child get along with parents, brothers, sisters, and other children? Does the child had group play experiences? Does the child have any special problems or fears? (Explain.)	Chicken Pox Asthma Rheumatic fever	Diabetes Epilepsy Whooping coug	-Dai	res-	Poliomyelitis Ten-day measles (Rubeola)	-Dates-	
DAILY ROUTINES What time does the child get up? What time does the child go to bed? Does the child sleep well? How long? Breakfast What are usual eating hours? Any eating problems? Evening meal Any food dislikes? Are bowel movements regular? Yes No What is the usual time? Word used for Bowel movement: Urination: Parent's evaluation of child's health Parent's evaluation of child's personality How does the child get along with parents, brothers, sisters, and other children? Does the child have any special problems or fears? (Explain.)	Other serious illnesses or accid	dents:					
What time does the child get up? Does the child sleep during the day? When? When? What are usual eating hours? Non meal Evening meal Any food dislikes? Are bowel movements regular? Yes No What is the usual time? Word used for - Bowel movement: Urination: Parent's evaluation of child's health Parent's evaluation of child's personality How long? What are usual eating hours? Any eating problems? Urination: Parent's evaluation of child's health Parent's evaluation of child's personality How does the child get along with parents, brothers, sisters, and other children? How does the child had group play experiences? Does the child have any special problems or fears? (Explain.)	•		•		·		
Breakfast Noon meal Evening meal Are bowel movements regular? Parent's evaluation of child's health Parent's evaluation of child's personality How long? What are usual eating hours? Any eating problems? Evening meal Any food dislikes? No What is the usual time? Urination: Parent's evaluation of child's health Parent's evaluation of child's personality How does the child get along with parents, brothers, sisters, and other children? How does the child had group play experiences? Does the child have any special problems or fears? (Explain.)	DAILY ROUTINES						
Breakfast Noon meal Evening meal Any food dislikes? Are bowel movements regular? Yes No What is the usual time? Word used for - Bowel movement: Urination: Parent's evaluation of child's health Parent's evaluation of child's personality How does the child get along with parents, brothers, sisters, and other children? Has the child had group play experiences? Does the child have any special problems or fears? (Explain.)	What time does the child get up?	child go to bec					
Are bowel movements regular? Yes No What is the usual time?	Does the child sleep during the day? When?			How long?			
Are bowel movements regular? Yes No What is the usual time?	Breakfast				What are usual eating hours?		
Are bowel movements regular? Yes No What is the usual time?	Noon meal			Any eating problems?			
Word used for - Bowel movement:	Evening meal			Any food dislikes?			
How does the child get along with parents, brothers, sisters, and other children? Has the child had group play experiences? Does the child have any special problems or fears? (Explain.)	Word used for - B	owel movement:					
Has the child had group play experiences? Does the child have any special problems or fears? (Explain.)	Parent's evaluation of child's	personality					
Does the child have any special problems or fears? (Explain.)	How does the child get along	with parents, brothers	, sisters, and	other ch	ildren?		
	Has the child had group play	experiences?					
	Does the child have any spec	cial problems or fears?	(Explain.)				