

Hammonds Plains Children's Centre

ForestKids Early Learning

1 Yankeetown Road, Hammonds Plains, NS, Canada B3Z 1K7
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Child's Health Questionnaire

Name of Child _____ Date _____

Provincial Health Card Number _____ Expiry Date _____

Immunization Record

Type	Date
DPTP + HIB 2 months	
DPTP + HIB 4 months	
DPTP + HIB 6 months	
DPTP + HIB 18 months	
MMR 12 months	
DPTP 4-6 years	
<i>Other Immunizations:</i>	

Physician/Clinic

Name _____ Telephone _____

Address _____

Dentist/Clinic

Name _____ Telephone _____

Address _____

Background Information

Please list any other children in the household. First name (last name only if different):

- o Name _____ Age _____
- o Name _____ Age _____
- o Name _____ Age _____

Language(s) spoken at home _____

Has your child been in a child care arrangement before? Yes ___ No ___

If your child has been cared for by family members or others (e.g., a neighbour), please describe the child's experience:

If your child has had a group play experience, please describe how often your child attended, how long and your child's experiences:

Health and Developmental History

1. Describe any difficulties or serious illnesses at birth, if any:

2. Describe your child's general health (recurrent colds, ear infections, stomach-aches, etc.):

3. If your child is taking any medication, what medication and what it is for?

4. Has your child ever been to a dentist? (please check one) Yes __ No __

5. Does your child have any dental problems?

6. Describe how your child communicates:

7. How would you describe your child's emotional, physical and social growth, and development to this point:

8. Describe your child's diet (include types of food and fluids he or she is now taking):

<i>Fluids/Beverages</i>	
<i>Solids</i>	
<i>Food Allergies</i>	
<i>Has the child eaten peanut butter at home?</i>	
<i>Diet Restrictions (cultural, religious)</i>	

9. Describe your child's sleeping habits and routine:

10. How frequently does your child have a bowel movement? _____

11. How far has your child progressed in toilet learning, if applicable?

Behaviour Patterns and Habits

1. Describe your child's behaviour and habits (e.g. temperament, energy level):

2. Describe an ordinary day in your child's life, from getting up in the morning to going to bed, including the times for naps, meals and play, interests, activities, etc.:

Morning:
Afternoon:

Evening:

3. Describe any child's particular attachments (e.g. toy, blanket, pet, person) and any particular habits (e.g. thumb-sucking, rocking):

4. Describe any particular fears your child has shown (e.g., to animals, loud noises, strangers):

5. Describe how your child reacts to stressful situations (e.g. cries, withdraws, has tantrums, nightmares):

6. How does your child usually react to new situation?

7. Is there anything else we should know about your child to help us provide the best care?

Parent/Guardian Signature _____ **Date** _____