

ALLERGIES :

List all known allergies (Medicines and foods) if any

1. _____ 2. _____

3. _____ 4. _____

SOCIAL HISTORY

Child lives with mother and dad _____, Mom _____ Dad _____, Grand parents ____ Adoptive/ Foster parents _____.

Live in an individual house _____, apartment. _____. Do you use city water _____ or well water _____.

Child stays home ____ or attends day care center/ pre-school _____, School _____.

Mothers Name _____ Occupation _____ Highest education _____

Fathers Name _____ Occupation _____ Highest education _____

Any body smokes at home NO YES. Do you have any pets YES NO.

DEVELOPMENAL HISTORY

New born baby Yes ____ NO _____. If new born baby skip this part.

Child attained all mile stones on time _____ or delayed _____ Attends regular school _____ or special education _____.

Check mile stones mastered at and indicate the age

Mile stones (Birth—1 year)	YES	NO	Age	Mile stones (Age 1—Onwards)	YES	NO	AGE
Smiled back				First words (eg. Mama, dada)			
Laugh aloud				Respond to his/her name			
Babble				Run			
Sit up				Walked up stairs			
Crawl				Combine 2 words together			
Stand with support				Talk sentences			
First steps				Potty trained			
Wave bye				Ride Tricycle			
Pat a cake				Ride a bicycle			