

CHILD'S HEALTH QUESTIONNAIRE
(to be completed by the parent(s))

Name of Child: _____ Date: _____

Provincial Health Card Number: _____ Expiry date: _____

Physician and/or Clinic:

Name: _____

Address: _____

Telephone: _____

IMMUNIZATION RECORD (Give dates D/M/Y)

1st

2nd

3rd

4th

5th

DTP

HIB

MMR

TdP

IB

Other

Background Information

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

- 1. _____ Age _____
- 2. _____ Age _____
- 3. _____ Age _____
- 4. _____ Age _____

Language(s) spoken at home: _____

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

Health and Development History

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

Describe your child's general health (e.g. recurrent colds, ear infections, stomach aches etc.)

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

Are there presently any serious medical problems? Yes _____ No _____

If your child is taking any medication, what medication and what is it for:

Has your child ever been to a dentist? Yes _____ No _____

Does your child have any dental problems? If so please describe.

Does your child have any allergies to foods, medications, contact allergies, etc.?

Yes _____ No _____

If yes, please list:

Is the allergy severe enough to require medication or emergency treatment?

Yes _____ No _____

If yes, describe and detail any medications required:

Has your child eaten peanut butter at home? Yes _____ No _____

Diet restrictions (cultural, religious, etc.):

Describe any particular concerns you have about your child's diet and/or eating habits:

Behavior Patterns and Habits

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

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

Is there anything else that you would like to tell us about your child to help us provide good care?

Parent's signature: _____

Date: _____