

All ABOUT ME FORM

Child's Name: _____ Child's date of birth: _____

How do you pronounce your child's name? _____

What would you like us to call your child? _____

DEVELOPMENTAL HISTORY

Was your child born premature, if so what gestational age: _____

Does child: pull up crawl walk with support walk unassisted

Times child is fussy: _____

What comforts your child during these fussy times? _____

FAMILY INFORMATION

With whom does child reside? _____

Who else lives in the home (siblings, extended family, pets)?

Language spoken at home: _____

Are there words in your home language that we should know?

Please tell us about any cultural family customs, rituals or traditions that will help us make your child's experience more meaningful:

MEDICAL CONDITIONS

Allergies: _____

Skin conditions or irritants: _____

Medications: _____

Any other health information we should be aware of:

EATING HABITS

Special characteristics or difficulties? _____

Special diet: _____ Formula: _____ Breast Milk: _____ Other: _____

How often and amount: _____

Does your child drink from a bottle? YES NO

If your child is an infant, have solid foods been introduced? YES NO

If yes, please identify: _____

Favourite foods: _____ Food refused: _____

Child eats with: spoon fork hands other

Child eats at/in: high chair booster seat chair at table

Any other information about eating we should be aware of:

TOILETING/DIAPERING HABITS

Is there frequent diaper rash? YES NO

Are bowel movements: regular YES NO how often: _____

Is there a problem with: diarrhea YES NO constipation YES NO

Is your child toilet trained? YES NO NIGHT TRAINED

Does your child let you know when they need to use the toilet? YES NO

Does your child wipe themselves after toileting YES NO Needs Assistance

Any other information about toilet training we should be aware of:

SLEEPING HABITS

Does child sleep in: crib bed with parents

Does child sleep on: back side stomach

Times child take naps? Times: a.m. _____ - _____ p.m. _____ - _____

Additional napping information? _____

What does child take to bed? _____ mood on awakening: _____

What time does child go to bed at night: _____ awake in morning: _____

Are there any sleep/wake time rituals? If so, please describe:

SOCIAL RELATIONSHIPS

Is child: friendly aggressive shy withdrawn

Reaction to strangers? _____

Favourite toys and activities? _____

PARENTING PHILOSOPHY

Do you have ideas about parenting that would help us to better care for your child as an individual?

Parent/ Guardian Name

Date

Parent/ Guardian Name

Date