



made2move:therapy4kids

Child History Form - All about me

Child's Name: _____ **DOB:** _____

Birth history:

- Complications during pregnancy? YES NO
- Full term pregnancy? YES NO
- How early: _____
- Type of delivery? Vaginal breech C-section
- Medications during delivery? YES NO
- Birth weight _____ lbs _____ oz
- Feeding - breast bottle both
- Difficulties with feeding? YES NO
- At what age did he/she sleep through the night? _____
-

Medical history:

- Is child up to date on vaccines? YES NO
- Frequent ear infections? YES NO
- Tubes in ears YES NO
- Has child had chicken pox? YES NO
- Has child had meningitis? YES NO
- Does child have seizure disorder? YES NO
- Does child have cleft palate? YES NO
- Does child have asthma? YES NO
- Vision problems YES NO
- Wears glasses YES NO
- Wears hearing aids YES NO
- G button feeding? YES NO
- History of abuse? YES NO
- Medical conditions: _____

Developmental history: Leave blank if not yet acquired

At what age did your child:

- Roll _____ month/year
- Sit independently _____ month/year
- Crawl on all 4s _____ month/year
- Cruise around furniture _____ month/year
- Walk independently _____ month/year
- Finger feed _____ month/year
- Use spoon _____ month/year
- Transition from bottle _____ month/year
- Drink from cup _____ month/year
- Babble _____ month/year
- Walk independently _____ month/year
- Speak first word _____ month/year
- Speak 2 word sentences _____ month/year
- Toilet train _____ year
- Hand preference RIGHT LEFT

Please indicate what your child can do?

- roll ball throw ball catch ball
- jump jump down jump over
- kick ball hop on one foot skip
- go up stairs go down stairs
- ask questions follow 1 step directions

Educational history:

- Participate in ECI program? YES NO
- Attend school? YES NO
- Grade: _____
- Receive special education? YES NO
- Annual IEP meeting _____
- Receive therapy in school? YES NO
- Ride school bus? YES NO
- Participate in extracurricular act? YES NO
- _____
- May we communicate with staff? YES NO
- Name _____ number _____



Parent Signature

Date

