

About Your Child

Child's Name _____

What would you like us to call your child? _____

With whom does your child reside? _____

Any special family situations we should know about? _____

How does your child express anger or frustration? _____

Does your child have any special fears? _____

When your child is upset, how do you comfort him/her? _____

How do you discipline your child? _____

Health

Any developmental disorders diagnosed or suspected? _____

Does your child take any medications regularly? _____

If yes, what? _____

Does your child have any allergies? _____

What are the symptoms? _____

Any other health concerns we should know about? _____

Food

What should we know about your child's eating patterns? _____

What food does your child like? _____

Especially dislike? _____

Any food allergies? _____

Are there any feeding time rules or rituals we should know about? _____

Diapering and Toileting

If your child toilet trained? _____

If not, what are your ideas about how to begin? _____

What words does your family use for the toilet? _____

Sleeping and Napping

What are your child's sleeping patterns? _____

How do you put your child to sleep? _____

Does your child have a special toy or blanket he/she uses for comfort? _____

Other information

Family

Mother's name and birthday (M/D) _____

Father's name and birthday (M/D) _____

Mother's occupation _____

Father's occupation _____

Any other family members who live in the home and their birthday (M/D)

_____	_____
_____	_____
_____	_____
_____	_____

Do you have any pets? Include names!

_____	_____
_____	_____
_____	_____
_____	_____

What type of activities do you enjoy together as a family?

Is there something you do as a family daily/weekly?

Favorite family meal

Favorite family game

