

# Oak Valley Kids

## PERSONAL HISTORY AND INFORMATION

### *Getting to know* \_\_\_\_\_

Full Name \_\_\_\_\_  
Nickname(s) \_\_\_\_\_  
Birth date \_\_\_\_\_ Place \_\_\_\_\_

Current Address \_\_\_\_\_  
\_\_\_\_\_

Parent \_\_\_\_\_  
living in home with child?    Y    N  
Address \_\_\_\_\_

Day Time Contact Number \_\_\_\_\_  
Evening Contact Number \_\_\_\_\_

Parent \_\_\_\_\_  
living in home with child?    Y    N  
Address \_\_\_\_\_

Day Time Contact Number \_\_\_\_\_  
Evening Contact Number \_\_\_\_\_

Siblings in the home:  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Other Family in the child's home, their ages and relationship to the child  
\_\_\_\_\_  
\_\_\_\_\_

Other Family Members Not in the home \_\_\_\_\_  
\_\_\_\_\_

Are there custodial or visitation agreements pertaining to this child? Y    N  
*If yes, please submit all necessary copies with this form.*

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## Medical and Personal History

### Medical History:

Was this a normal pregnancy?	Y	N	Explain _____
Was birth pre-term?	Y	N	Explain _____
Was this a normal birth?	Y	N	Explain _____

In your child's medical history, are there:

Any food allergies?	Y	N	Explain _____
Any environmental/seasonal allergies?	Y	N	Explain _____
Any hospitalizations?	Y	N	Explain _____
Any surgeries?	Y	N	Explain _____
Any serious illnesses?	Y	N	Explain _____
Physical disabilities?	Y	N	Explain _____
Vision problems?	Y	N	Explain _____
Hearing problems?	Y	N	Explain _____
Developmental delays?	Y	N	Explain _____
Referred for ANY services? (OT, PT, Speech, Infants & Toddlers, etc...)	Y	N	Explain _____

Has your child had:

Chicken Pox?	Y	N	Explain _____
Measles?	Y	N	Explain _____
Whooping Cough?	Y	N	Explain _____
Mumps?	Y	N	Explain _____
Other communicable diseases?	Y	N	Explain _____
All age appropriate vaccines?	Y	N	Explain _____

Does your child:

Wear glasses?	Y	N	Explain _____
Wear a hearing aid?	Y	N	Explain _____
Use other assistive devices?	Y	N	Explain _____
Take any medications regularly?	Y	N	Explain _____
Require other adaptations or support?	Y	N	Explain _____

What is a common reaction to a fever or elevated temperature?

\_\_\_\_\_

\_\_\_\_\_

Please explain any "Yes" answers in greater detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal History:**

**Development**

At what age did your child:

Roll over: \_\_\_

Sit unassisted: \_\_\_

Crawl: \_\_\_

Pull to standing: \_\_\_

Walk: \_\_\_

Run: \_\_\_

Does your child:

Climb securely?                    Y        N        Explain \_\_\_\_\_

Fall easily?                        Y        N        Explain \_\_\_\_\_

Uses words to communicate?    Y        N        Age? \_\_\_ Explain \_\_\_\_\_

Uses full sentences?                Y        N        Age? \_\_\_ Explain \_\_\_\_\_

**Eating Habits**

Is/was your child Breastfed or Bottlefed?                    Breast                    Bottle                    Both

Does your child:

Have/has eating problems?    Y        N        Explain \_\_\_\_\_

Eat at regular times?            Y        N        Explain \_\_\_\_\_

Refuse particular mealtimes?    Y        N        Explain \_\_\_\_\_

Refuse particular foods?        Y        N        Explain \_\_\_\_\_

Have particular favorites?        Y        N        Explain \_\_\_\_\_

Eat well with utensils?          Y        N        Explain \_\_\_\_\_

Drink from an open cup?         Y        N        Explain \_\_\_\_\_

Please explain any "Yes" answers in greater detail:

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**Toileting Habits**

Is your child:

In diapers?                        Y        N        Cloth                    Disposables

Successfully toilet-trained?    Y        N        At what age?        \_\_\_

Does your child indicate the need to go to the toilet?    Y        N        Explain \_\_\_\_\_

What word(s) does your child use to describe:

Urination                    \_\_\_\_\_                    Bowel Movement                    \_\_\_\_\_

Does your child need help toileting?    Y        N        Explain \_\_\_\_\_

Does your child wet while sleeping?    Y        N        Explain \_\_\_\_\_

Please explain any "Yes" answers in greater detail:

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Sleep Habits

Does your child:

Indicate when he/she needs sleep?	Y	N	Explain _____
Sleep soundly or heavily?	Y	N	Explain _____
Sleep lightly or wake easily?	Y	N	Explain _____
Go to bed with a cup or bottle?	Y	N	Explain _____
Need a "lovey" to sleep?	Y	N	Explain _____
Sleep in his/her own room?	Y	N	Explain _____
Sleep in his/her own bed?	Y	N	Explain _____
Share a bedroom?	Y	N	Explain _____
Nap at home?	Y	N	Times _____
Wake in a good mood?	Y	N	Explain _____
Cry or talk in his/her sleep?	Y	N	Explain _____

Please explain any "Yes" answers in greater detail:

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Group or Social History

Has/does your child:

Had prior group experiences?	Y	N	Explain _____
Had experience with her/his peers?	Y	N	Explain _____
<u>Regularly</u> spend time w/other children?	Y	N	Explain _____

Does your child:

Play well with other children?	Y	N	Explain _____
Quickly become aggressive or angry?	Y	N	Explain _____
Become scared in a group?	Y	N	Explain _____
Easily become shy or withdrawn?	Y	N	Explain _____
Cling to adults?	Y	N	Explain _____

Is your child:

Afraid of strangers?	Y	N	Explain _____
Scared to be alone?	Y	N	Explain _____
Afraid of storms?	Y	N	Explain _____
Startled by loud noises?	Y	N	Explain _____

Afraid of animals?                    Y        N        Explain \_\_\_\_\_

**Creative or Educational History**

Does your child have experience with:

Group story times?	Y	N	Explain _____
Solitary "reading"?	Y	N	Explain _____
Painting?	Y	N	Explain _____
Cutting with scissors?	Y	N	Explain _____
Playdough and clay?	Y	N	Explain _____
Water and/or sand tables?	Y	N	Explain _____
Using pencils or crayons?	Y	N	Explain _____
Listening to music?	Y	N	Explain _____
Participating with music?	Y	N	Explain _____
Dancing?	Y	N	Explain _____
Imaginary/Dramatic Play?	Y	N	Explain _____
Blocks?	Y	N	Explain _____
Outdoor/playground play?	Y	N	Explain _____

Please explain any "Yes" answers in greater detail:

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Additional comments, concerns or relevant information:

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

