

HEALTH INVENTORY

Is there anything unusual about your child's medical history that you feel we should know?

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Has he/she ever had any serious illnesses, operations, or injuries? \_\_\_\_\_

If yes, at what age? \_\_\_\_\_

Was he/she hospitalized? \_\_\_\_\_

How long? \_\_\_\_\_

Were there any complications \_\_\_\_\_

What was the length of pregnancy? \_\_\_\_\_  
If he/she is presently seeing a doctor on a regular basis  
Please state the name of the physician \_\_\_\_\_

Reason for regular visits other than check-ups \_\_\_\_\_

Does she/he have any allergies? \_\_\_\_\_

If yes, how do they affect him/her \_\_\_\_\_

Does your child take medicine on a regular basis? \_\_\_\_\_

If yes, describe dosage, frequency, \_\_\_\_\_

Are there any food restrictions? \_\_\_\_\_ Special likes or dislikes \_\_\_\_\_

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Have you noticed any of the following symptoms in your child?

Frequent sore throats \_\_\_\_\_ Persistent cough (caused by) \_\_\_\_\_

Four or more colds a year \_\_\_\_\_ Speech difficulty \_\_\_\_\_

Frequent headaches \_\_\_\_\_ Vision difficulty \_\_\_\_\_

Tires easily \_\_\_\_\_ Hearing difficulty \_\_\_\_\_

If any of the above conditions are present, have you discussed the symptoms with your child's doctor? \_\_\_\_\_. If yes, what did she/he advise? \_\_\_\_\_

When your child is at home, what nap routine does he/she advise? \_\_\_\_\_

What time does your child usually wake up in the morning? \_\_\_\_\_ Go to sleep? \_\_\_\_\_

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**SOCIAL INVENTORY**

Child's previous group experience:  
at Milford Mill Church CDC  
Teachers: \_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
Please describe length of time as  
Well as type of experience \_\_\_\_\_  
\_\_\_\_\_

Relationships with other children:  
Usually plays with  
Brother (s) \_\_\_\_\_  
Sister (s) \_\_\_\_\_  
By himself \_\_\_\_\_  
Neighborhood Children \_\_\_\_\_

Most playmates are older? \_\_\_\_\_  
Younger? \_\_\_\_\_ Same? \_\_\_\_\_  
Closest friend in class is \_\_\_\_\_  
Other friends at Milford are in  
Level \_\_\_\_\_  
Prefers to play Indoors? \_\_\_\_ Outdoors? \_\_\_\_\_  
Usual play activities are \_\_\_\_\_