

Toddler Admission

Child's Name _____ Birthdate _____

Personal History

Type of Birth Normal____ Premature____ Complications_____

Who lives in the household? _____

What languages are spoken in the household? _____

What holidays/ special occasions does your family celebrate?

Does your child: Crawl____ Stand____ Walk____ Climb____

Health

Does your child have any medical concerns? Constipation____ Asthma____ Hay Fever____

Allergies_____ Other_____

Has your child had any of the following communicable diseases?

Measles (Big Red)____ Measles (3 Day)____ Mumps____ Chicken Pox____

Whooping Cough____

Has your child had any serious illnesses or hospitalizations? _____

Does your child have any physical disabilities? _____

Are there any medications given on a regular basis? _____

Sleeping Habits

What time does your child go to bed? _____ Awaken_____

Does your child sleep through the night? _____

Where does your child take naps and sleep at night? _____

What is your child's nap schedule? _____

Does your child use any of following to settle or to fall asleep?

Pacifier____ Blanket____ Sound Machine____

Any other information regarding your child's sleep routine _____

Feeding

Please check the following that apply:

School Milk____ Home Milk____

School Food____ Home Food____

Does your child have any dietary Restrictions or Food Allergies? _____

Are there any Food Allergies in the family? _____

Toilet Habits

Does your child show interest in the toilet? _____ Is he/she toilet training? _____

Is your child able to verbally indicate their bathroom needs? _____

Social Relationships

Who cares for your child when you are not with him/her? _____

How does your child separate from you? _____

How does your child relate to strangers? _____

What causes your child to become upset? _____

What techniques do you use to calm your child? _____

Does your child enjoy playing alone? _____ With other children? _____

Comments