



INFANT INTAKE

Child's Name _____ Birth Date _____ Sex _____

If the child does not use his/her legal first name, please list the name he/she/ will be using _____.

Family History

Marital Status of Parents (Voluntary Information) _____

Other Children in the Home (Name and Birth Date)

1. _____ 2. _____

3. _____ 4. _____

Physical Regime

Are your child's eating/feeding times on a schedule? _____

Please indicate approximate times. _____

Does your child have a regular nap schedule? _____

Please indicate times and length of naps. _____

Does your child have any unusual eating problems, food allergies, dietary needs, or any feeding problems of which we should be informed?

Please indicate any other specific needs or concerns you would like us to be aware of concerning your child.

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Developmental History

Please give a brief birth history of your child pertaining to length of term, any complications during pregnancy or labor and delivery, and any other pertinent information which will help us to understand your child's needs.

Medical History

Child has had:

Hospitalizations? Age and reason_____

Problems in muscle or bone development?_____

Serious accidents/injuries? Age and treatment_____

Childhood Diseases?_____

Ear Infections? Treatment_____

Eye Condition? Treatment_____

Convulsions? Type and Medication_____

Allergies_____