

One Year of Age & Older Personal Care Information



Please fill out the following information regarding your child's medical and social history so that we may better serve you and your child.

Child's Name: _____ Date: _____

Child's Birthdate: _____ Age: _____

Parents/Guardians: _____

Siblings (gender & age):

Who does your child live with? _____

Any serious illness or hospitalization? _____

Any physical disabilities? _____

Does your child receive any special services (OT, speech, etc.)? Yes No If yes, explain:

Difficulties in speaking? Yes No Other languages? _____

Special words to describe needs: _____

Any known allergies? No Yes – please list w/symptoms: _____

Any medications given regularly? _____

Are there any foods/products your child cannot eat/use? _____

Has your child learned to use the toilet appropriately and successfully? YES NO

If NO, please describe the toilet learning methods you use at home with your child:

If YES, can your child be relied upon to indicate their bathroom wishes? Yes No

How often does your child have toilet accidents? _____

What time does your child go to bed? _____ Awaken? _____

Does your child nap? Yes No How long? _____ When? _____

Has your child ever been enrolled in school? _____ Yes _____ No

Does your child transition well (saying goodbye, moving from one activity to the next, etc.)? _____ Yes _____ No

What does your child enjoy?

Is there anything else you would like us to know about your child that would help us understand them better?
