CHILD HEALTH AND DEVELOPMENTAL HISTORY (3-5 YEARS)

Date Screening Completed: _____ Person Completing: _____

Child's Name	☐ Male ☐ Female	Birth Date	Age	(For office use only) Child/Student MARSS ID or Record # _____
Parent/Guardian Name		Phone ( ) -		
Address		City		Zip

Who lives with your child?_____

Language(s) spoken in the home _____

How often does your child see a doctor or nurse? _____ How often does your child see a dentist?_____
# of visits/year # of visits/year

Do you have health insurance? ☐ yes ☐ no

Insurance provider_____ Group #_____

Do you have questions or concerns about your child? We can talk about them today.

Please list your concerns: _____

Please describe your child's special needs and strengths:_____

Please check the boxes if you or your child use: ☐ Child and Teen Checkups ☐ Follow-Along Program

☐ Early Childhood Family Education (ECFE) ☐ Head Start ☐ WIC

☐ School Readiness ☐ Parenting Education ☐ Food Pantries

Please check the box(es) if you have concerns or questions about your child's:

☐ health	☐ learning	☐ behavior	☐ talking	☐ growth
☐ skin/bruising, rashes	☐ eyes/vision	☐ ears/hearing	☐ nose	☐ throat
☐ teeth	☐ mouth	☐ stomach	☐ toileting	☐ activity level
☐ walking/balance	☐ social (friends)	☐ feelings/moods	☐ breathing/coughing	☐ headaches
☐ general appearance	☐ other_____			

Health

Please check the box(es) that apply to your child and explain:

☐ allergies to foods and/or medicines_____

☐ takes medicines, herbs, and/or vitamins_____

☐ visits to health specialists_____

☐ serious illnesses_____

☐ serious injuries or loss of consciousness_____

☐ hospital stays and/or surgeries_____

☐ problems during mother's pregnancy or birth_____

☐ at birth, stayed in the hospital longer than mother_____

☐ Members of the same family sometimes have the same health problems. Please list family health problems:

_____

Over please.

Eating Habits

Please check all box(es) that describe your child:

☐ drinks from a cup ☐ drinks from a bottle ☐ on a special diet

Every day, eats some foods from these food groups:

☐ fruits (oranges, apples, bananas, mangos, tomatoes)
☐ vegetables (spinach, corn, peas, potatoes, cabbage)
☐ milk, cheese, yogurt, tofu
☐ bread, cereal, rice, tortillas, crackers, pasta
☐ meat, fish, poultry, peanut butter, beans, legumes, eggs
☐ cookies, cakes, candy, pie, butter, fried foods

Every day, drinks:

☐ milk ☐ juice ☐ fruit drinks ☐ formula ☐ kool-aid ☐ water ☐ pop

Home

Please check all boxes that describe your child:

Does your child live or play in a home or building built before: ☐ 1950 ☐ 1978 and is being remodeled

Does anyone in your home or who cares for your child: ☐ use tobacco ☐ use alcohol ☐ have a gun

Is your child exposed to: ☐ violence ☐ street drugs ☐ unsafe conditions

Do you have questions, concerns, or want information about:

☐ bike helmet/safety
☐ carbon monoxide
☐ child care
☐ child rearing
☐ crying
☐ discipline
☐ emergency/hotline phone numbers
☐ family relations
☐ fire escape plans
☐ gun safety
☐ kindergarten
☐ lead poisoning
☐ other child rearing issues
☐ poisoning (syrup of (Ipecac)
☐ protective sports gear
☐ seat belts/car seats
☐ severe weather plans
☐ sleeping
☐ smoke detectors
☐ storing cleaning supplies/medication
☐ stranger safety
☐ TV watching
☐ teaching your child
☐ toilet training
☐ toy/playground safety

Learning

Please check all boxes that describe your child:

☐ says numbers from 1 to 10
☐ stutters, stammers
☐ has trouble being understood
☐ understands other people
☐ points to or names the bigger of two objects
☐ understands "one", gives you just one when asked
☐ knows how many fingers are on each hand
☐ compares things, for example, says "this one is bigger, heavier," etc.
☐ counts three or more objects
☐ copies a circle or other shapes
☐ tells when one object is longer or shorter
☐ prints first name or part of it
☐ seems clumsy when using hands
☐ seems clumsy; stumbles, falls, walks or runs poorly
☐ seldom plays with other children
☐ clings or gets very upset when leaving you
☐ seems overly friendly
☐ seems timid, fearful, or worries a lot
☐ acts much younger than age
☐ seems unhappy, cries, whines
☐ has trouble paying attention
☐ seems overly aggressive
☐ has trouble sitting still
☐ plays in a variety of ways

Developed by the Minnesota Department of Education; Minnesota Department of Health; Minnesota Department of Human Services; and Dr. Harry Ireton, University of Minnesota.