



CHILD'S NAME: _____
DATE OF BIRTH: _____
TODAY'S DATE: _____

INFORMATION PROVIDED BY: _____
RELATIONSHIP TO CHILD: _____
Parent: Biological Foster Adoptive
Other: _____

A. Home Environmental Questions: Circle when applicable			
Do you: Own Rent In Town In Rural Area			
Is it a: Single Family Home Duplex Apartment Trailer			
How old is your home: _____ years			
Pollution in neighborhood: Industrial or Agricultural			
Is your basement: Finished Unfinished Damp Dry			
Does your house have: Central air Window air Central forced air/heat Radiator heat Baseboard heat Wood burning stove Air purifiers			
Child's Bedroom: _____ # of beds _____ # person(s) sleep in room			
Bedroom floor coverings: Carpet Wood Area rugs			
Pets: Inside or Outside _____ # of cats _____ # of dogs			
Smoke Exposure: None Mom Dad Other: _____			
Smoke: Inside Outside			
B. HOSPITALIZATIONS/OPERATIONS:			
List any hospitalizations, operations, or serious illnesses:			
Type of Illness/Operation	Month/Year	Hospital Name	City/State
Has your child had Chicken Pox? <input type="checkbox"/> Yes <input type="checkbox"/> No			

C. FAMILY HISTORY:		
ILLNESS	WHAT FAMILY MEMBER IS AFFECTED?	
Asthma		
Allergies		
Eczema		
Reflux (GERD)		
Hypertension		
High Cholesterol		
Diabetes		
Cancer		
Coronary Artery Disease		
Thyroid Disease		
Tuberculosis or (+) TB test		
Seizure Disorder		
Cystic Fibrosis		
Other		
D. SOCIAL HISTORY:		
Child currently lives with: Mother Father Other: _____ Siblings: _____ # Sisters _____ # Brothers		
List information of parents and siblings:		
NAME (First/Last)	M=Male F=Female	Healthy Yes/No
Mother		
Father		
M / F		
M / F		
M / F		
M / F		
M / F		
M / F		
Does your child go to: <input type="checkbox"/> daycare/sitter <input type="checkbox"/> school		
Name: _____		