

**SCHOOL AGE CHILD HEALTH, PERSONAL, & SOCIAL HISTORY**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Sex

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Birth date

**Health History**

\*Date of last physical exam \_\_\_\_\_

\*Any known allergies? \_\_\_\_\_

\*Has your child had any sort of diagnosis that we need to be made aware of? If so, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Any serious illness or hospitalization? \_\_\_\_\_

\*Any physical disabilities? \_\_\_\_\_

\*Regular medications? \_\_\_\_\_

\*Foods your child cannot eat? \_\_\_\_\_

**Personal History**

\* For Kindergarteners, where did your child attend preschool? \_\_\_\_\_

\*How would you rate your child in relations to his pre-school or school experience?  
Successful \_\_\_\_ Troubled \_\_\_\_ Difficult \_\_\_\_ Enjoyable \_\_\_\_ Comments: \_\_\_\_\_

\*Where do your child's interests and/or abilities lie? Art \_\_\_\_ Drama \_\_\_\_ Sports \_\_\_\_ Music \_\_\_\_

Movement \_\_\_\_ Social \_\_\_\_ Building \_\_\_\_ Talking \_\_\_\_ Nature \_\_\_\_ Science \_\_\_\_ Other:

\*How do you feel your child functions in groups? \_\_\_\_\_

\*How does your child express their needs or feelings? \_\_\_\_\_

\*How does your child respond to transitions? \_\_\_\_\_

\*What do you feel is the best way of assisting your child in managing misbehaviors?  
\_\_\_\_\_  
\_\_\_\_\_

\*As the people who spend much time with your child, is there anything else you would like us to know?  
\_\_\_\_\_  
\_\_\_\_\_