CHILD'S PREADMISSION CHILD'S NAME	HEALIF	HISTORY—PAR	ENIS		BIRTH DAT	E		
					DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?			
FATHER'S /FATHER'S DOMESTIC PARTNER'S NAME								
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME					DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?			
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION	OF PHYSICIAN?				DATE OF L	AST PHYSICA	AL/MEDICAL EXAMINATION	I
<b>DEVELOPMENTAL HISTORY</b> (*For infl WALKED AT*	ants and presch	ool-age children only)			TOIL	ET TRAINING	STARTED AT*	
	NTHS	BEGAN IALKING AI *		MONTHS	TOIL	ETTRAINING	I STANTED AT *	MONTHS
PAST ILLNESSES — Check illnesses	that child has	s had and specify approxi	imate date		es:			DATES
☐ Chicken Pox	DALES	☐ Diabetes		DATES		Polior	nyelitis	DATES
☐ Asthma		☐ Epilepsy				Ten-D (Rube	ay Measles	
☐ Rheumatic Fever		☐ Whooping cough				•	-Day Measles	
☐ Hay Fever		☐ Mumps			(Ru			
SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESS	ES OR ACCIDENTS	3	'					
DOES CHILD HAVE FREQUENT COLDS? YE	ES NO	HOW MANY IN LAST YEAR?	LIS	T ANY ALLERGIES	S STAFF SH	OULD BE AW	ARE OF	
DAILY ROUTINES (*For infants and pres	chool-age childr							
WHAT TIME DOES CHILD GET UP?*  WHAT TIME DOES CHILD GET UP?*			3ED?*			DOES CHILD SLEEP WELL?*		
DOES CHILD SLEEP DURING THE DAY?*  WHEN?*				HOW LONG?*			*	
DIET PATTERN: BREAKFAST (What does child usually					WHAT ARE USUAL EATING HOURS? BREAKFAST			
eat for these meals?)						LUNCH DINNER		_
DINNER					,			
ANY FOOD DISLIKES?				ANY EATING PRO	OBLEMS?			
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT	STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*				WHAT IS USUAL TIME?*	
YES NO				YES  NO  USED FOR URINATION*				
WORD USED FOR "BOWEL MOVEMENT"*			WOND OSE		•••			
PARENT'S EVALUATION OF CHILD'S HEALTH								
IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?  YES NO	RE? IF YES, NAME OF DOCTOR:		DOES CHILD TAKE PRESCRIBED MEDIC			ATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:	
DOES CHILD USE ANY SPECIAL DEVICE(S):  YES NO	IF YES, WHAT KIND:		DOES CHILD USE ANY SPECIAL DEVICE(			S) AT HOME?	IF YES, WHAT KIND:	
PARENT'S EVALUATION OF CHILD'S PERSONALITY			YES	, L N	<u> </u>			
HOW DOES CHILD GET ALONG WITH PARENTS, BROT	FUEDO OIOTEDO A	ND OTHER CHILL DRENG						
TIOW DOES CHIED GET ALONG WITH PARENTS, BAO	THENS, SISTERS A	ND OTHER CHIEDREN?						
HAS THE CHILD HAD GROUP PLAY EXPERIENCES?								
DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FE	ARS/NEEDS? (EXP	LAIN.)						
WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS II	L?							
REASON FOR REQUESTING DAY CARE PLACEMENT								
PARENT'S SIGNATURE							DATE	

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