

**ROOTS and FRUITS  
DEVELOPMENTAL HEALTH HISTORY**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PHYSICAL HEALTH**

Check Illnesses child has had or has:

Asthma	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	Strep Throat	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Rheumatism	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	Other	_____

Allergies (food, drug, bee sting, animals, etc.) list type, symptoms, and treatment required:

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

Immunization (Date of most recent shot).

Small Pox \_\_\_\_\_ (month/year) Rubella \_\_\_\_\_ (month/year) Polio \_\_\_\_\_ (month/year)  
Mumps \_\_\_\_\_ (month/year) Diphtheria \_\_\_\_\_ (month/year) Measles \_\_\_\_\_ (month/year)  
Tetanus \_\_\_\_\_ (month/year) Tuberculosis \_\_\_\_\_ (month/year) Other \_\_\_\_\_

Copy of immunization record attached and signed by doctor:  Yes  No

Date and clinic of last medical exam \_\_\_\_\_

Does your child have any special needs that require accommodation by the provider? If so, please list:

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

Does your child have a condition that, according to current medical information, would pose a direct threat to the health or safety of others in the program?  Yes  No

Do you have any other concerns about your child's physical health?

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

**DEVELOPMENT** (compared to other children this age)

Age Child began talking \_\_\_\_\_ Does your Child speak in words \_\_\_\_\_ or sentences \_\_\_\_\_. Does your child have any challenges with talking or making sounds? Please explain \_\_\_\_\_

Does your child speak other languages? \_\_\_\_\_

Age Child Began: Sitting \_\_\_\_\_ Crawling \_\_\_\_\_ Walking \_\_\_\_\_ Is your child a good climber? \_\_\_\_\_ Does your child fall easily? \_\_\_\_\_

Does your child have any challenges with walking, running, or moving? Please explain

\_\_\_\_\_

Does your child have any challenges seeing? Please explain

\_\_\_\_\_

\_\_\_\_\_

Does your child have any challenges hearing? Please explain

\_\_\_\_\_

\_\_\_\_\_

Does your child have any challenges using her or his hands (such as with puzzles, drawing, small building pieces)? Please explain

\_\_\_\_\_

\_\_\_\_\_

Does your child have any challenges with mood or behavior? Please explain.

\_\_\_\_\_

\_\_\_\_\_

Describe your child's large motor skills: \_\_\_\_\_ Any concerns? \_\_\_\_\_

Describe your child's fine motor skills (such as with puzzles, drawing, small building pieces) \_\_\_\_\_ Any concerns? \_\_\_\_\_

Describe your child's temperament \_\_\_\_\_ Any concerns regarding behavior? \_\_\_\_\_

## **DAILY LIVING**

### ***Eating***

What is your child's typical eating pattern? \_\_\_\_\_

\_\_\_\_\_

What foods does your child like? \_\_\_\_\_

Dislike? \_\_\_\_\_

How well does your child use table utensils (cup, fork, spoon)? \_\_\_\_\_

Are there any special foods or eating instructions?

---

---

### ***Toileting***

How does your child indicate bathroom needs? \_\_\_\_\_

Word (s) for *urination*: \_\_\_\_\_ Word (s) for bowel *movement*: \_\_\_\_\_

Special words for body parts: \_\_\_\_\_

What are your child's regular bladder and bowel patterns?

---

---

Do you want us to follow a particular plan for toileting? \_\_\_\_\_

For toddlers, please describe use of diapers or toileting equipment (such as potty, toilet seat adapter). \_\_\_\_\_

### ***Sleeping and Dress***

What are your child's regular sleeping patterns? \_\_\_\_\_

Awakes at: \_\_\_\_\_ Naps at: \_\_\_\_\_ Goes to bed at: \_\_\_\_\_

What help does your child need to get dressed? \_\_\_\_\_

### **SOCIAL RELATIONSHIPS/PLAY**

What ages are your child's most frequent playmates? \_\_\_\_\_

How does your child normally respond to other children? (Circle all that apply) Shy? Friendly? Withdrawn? Assertive? Additional thoughts:

---

Does your child need extra time/preparation to change from one activity to another? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_ What is your child's favorite activity/toy?

---

Is your child frightened by (circle all that apply) Animals? Rough children? Loud noises? New experiences? The dark? Storms? Anything else? \_\_\_\_\_

What is your approach to behavior guidance? \_\_\_\_\_

Do both parents approach behavior guidance in the same manner? \_\_\_\_\_  
\_\_\_\_\_

With which adults does your child have frequent contact? \_\_\_\_\_

How does your child relate to strangers? \_\_\_\_\_

What makes the child frustrated or upset? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

Does your child use a special comforting item (such as a blanket, stuffed animal, doll)? \_\_\_\_\_  
\_\_\_\_\_

Has your child ever experienced any physical, emotional, or mental trauma? i.e. Divorce, Sexual Abuse, Witness to Violence, etc.

\_\_\_\_\_

If yes, has the child undergone any kind of evaluation or treatment?  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe what you sense your child's gifts or talents are: (i.e. Is she/he really drawn to music, art/drawing, drama, dancing, singing, nature, books, numbers, spiritual curiosity?)

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

**CULTURAL BACKGROUND**

Describe child's ethnicity: \_\_\_\_\_

What are your family's most important cultural values? (e.g. respect, responsibility, interdependence, family, etc...)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What gives you and your children a sense of belonging (e.g., religion, occupation, history)?

---

---

---

What are your family's religious/spiritual beliefs, if any?

---

---

---

---

What is the primary language of parent (s)? \_\_\_\_\_

What are important cultural customs/holidays you honor within your home?

---

---

---

What emotions are valued within your home? \_\_\_\_\_

What are the important features of family? e.g. sharing meals together

---

---

---

---

---

What are important family rules that our program should be aware of?

---

---

---

---

---

---

Any additional information you would like to share with us?

---

---

---

---

---

---

Parent (s)

Signature: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_