STATE OF CALIFORNIA–HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE LICENSING

**CHILD’S PREADMISSION HEALTH HISTORY—PARENT’S REPORT**

|  |  |
| --- | --- |
| CHILD’S NAME SEX | BIRTH DATE |
| FATHER’S/FATHER’S DOMESTIC PARTNER’S NAME | DOES FATHER/FATHER’S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? |
| 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 LAST PHYSICAL/MEDICAL EXAMINATION |

**DEVELOPMENTAL HISTORY** (**\****For infants and preschool-age children only*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| WALKED AT\* | MONTHS | BEGAN TALKING AT\* | MONTHS | TOILET TRAINING STARTED AT\* | MONTHS |

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | DATES |  | DATES |  ☐ Poliomyelitis ☐ Ten-Day Measles           (Rubeola) ☐ Three-Day Measles          (Rubella) | DATES |
| ☐ Chicken Pox |  |  ☐ Diabetes |  |  |
| ☐ Asthma |  |  ☐ Epilepsy |  |  |
| ☐ Rheumatic Fever |  |  ☐ Whooping cough |  |  |
| ☐ Hay Fever |  |  ☐ Mumps |  |  |

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| DOES CHILD HAVE FREQUENT COLDS? | ☐ | YES | ☐ | NO | HOW MANY IN LAST YEAR? | LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF |

**DAILY ROUTINES** (**\****For infants and preschool-age children only*)

|  |  |  |
| --- | --- | --- |
| WHAT TIME DOES CHILD GET UP?\* | WHAT TIME DOES CHILD GO TO BED?\* | DOES CHILD SLEEP WELL?\* |
| DOES CHILD SLEEP DURING THE DAY?\* | WHEN?\* | HOW LONG?\* |
| DIET PATTERN:(What does child usually eat for these meals?) | BREAKFAST | WHAT ARE USUAL EATING HOURS? BREAKFAST LUNCH DINNER |
| LUNCH |

DINNER

|  |  |
| --- | --- |
| ANY FOOD DISLIKES? | ANY EATING PROBLEMS? |
| IS CHILD TOILET TRAINED?\*☐ YES ☐ NO | IF YES, AT WHAT STAGE:\* | ARE BOWEL MOVEMENTS REGULAR?\*☐ YES ☐ NO | WHAT IS USUAL TIME?\* |
| WORD USED FOR “BOWEL MOVEMENT”**\*** | WORD USED FOR URINATION\* |

PARENT’S EVALUATION OF CHILD’S HEALTH

\* \* \* Free Preview End \* \* \*

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