



MEDICAL/DEVELOPMENTAL QUESTIONNAIRE

Child: _____ DOB: _____

BIRTH HISTORY:

Birth Weight: _____ Born at _____ wks

Did you have a "normal" pregnancy? ___ If not, please describe any complications _____

Did your child require a stay in the NICU? If so, please explain _____

DEVELOPMENTAL HISTORY:

Early development – at what age did your child

Sit _____ Crawl _____ Walk _____

Eat solid foods _____ Begin to use single words _____

Begin to use 2-3 word combinations _____

MEDICAL HISTORY:

Health – Is your child in good health? _____

Does your child have a medical diagnosis or is your child under the care of physician or specialist? _____

Please describe any past or current health concerns and/or hospitalizations including injuries or broken bones _____



Does your child routinely take any medications? (Please list) _____

Has your child had their vision checked? _____ Results: _____

Has your child had their hearing checked? _____ Results: _____

Does your child have a history of chronic ear infections? _____

Has your child ever had PE tubes? _____ If so, when? _____

Is your child a picky eater? If so, list what he/she does eat: _____

List what he/she refuses to eat and their reaction (gagging, spitting out, etc) _____

FAMILY HISTORY:

Is there a family history of speech, language, or learning difficulties? (Please describe)

Is there a family history of developmental delays in motor skills? (Please describe)

ADDITIONAL INFORMATION:

Please list any additional information that would be helpful in evaluating your child
