

One-Year-Olds Personal Information

Child's name _____ Sex _____ Birth date _____

Telephone _____ Email address _____

Parent/guardian _____ Business phone _____

Occupation _____ Usual work hours _____

Parent/guardian _____ Business phone _____

Occupation _____ Usual work hours _____

Marital status of parents: Married _____ Separated _____ Divorced _____

If divorced, please describe custody and visitation agreement for the child, and tell us what words your child would use to describe this agreement _____

Step-parents _____ how long? _____

If child is adopted, age at adoption _____ Does child know she/he is adopted? _____

Brothers and sisters:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

How would you describe your child's personality?

If your child seems worried when meeting strangers, are there special words or actions to help your child relax and get used to the "new" folks more easily?

When you go to a new place, are there special toys you take along with you that you know your child will play happily with?

Does your child have "pet names" that he/she loves to be called, whether in English or another language, that helps to reassure him/her of your love?

Do you have special routines you can share with us that your child is used to?

What are your child's preferred sleep positions, times, and routines?

Method of feeding (breast, bottle, cup, solid food, etc.) and special snack preferences

What are your child's favorite play activities?

Fears child has?

Does your child have a pacifier or lovie to help soothe them? What do you call them?

Does your child have any special needs, handicaps, health problems, or concerns that we need to be aware of?

What communicable diseases has the child had? Indicate age and date:

Chicken pox _____	Conjunctivitis (pink eye) _____
Impetigo _____	Hepatitis _____
Scarlet fever _____	Other _____

Does your child have frequent:

Colds _____	Coughs _____	Tonsillitis _____	Ear Infections _____
Strep throat _____	High fever _____	Upset stomachs _____	Seizures _____

Has your child had serious illness, surgery, or hospital stay? If so, please describe the condition and your child's reaction:

Is your child taking any regular medication? _____ If so, describe _____

Does your child have allergies? _____ If so, to what substances? _____

How are these allergies manifested? (hay fever, stomach upset, etc.)

Does your child have any dietary restrictions? _____ If so, please describe _____

Is this because of allergy, family preference, medical needs, other?

Was your child's birth full term? _____ Premature? _____

Any complications or problems that might be helpful for us to know? _____

Do you have any concerns about your child or any special needs that we need to be aware of?
