

## FAMILY AND SOCIAL HISTORY

DATE \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENT(or Guardian) \_\_\_\_\_

PARENT(or Guardian) \_\_\_\_\_

MARITAL STATUS OF PARENTS (How long?)  Married  Separated  Divorced  Single \_\_\_\_\_

Widowed  Stepfather  Stepmother

IS THIS CHILD ADOPTED?  (Yes/No)

IF YES: Does this child know he/she is adopted?  (Yes/No) Age at adoption: \_\_\_\_\_

### *BROTHERS AND SISTERS OF CHILD:*

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

### OTHER MEMBERS OF THE HOUSEHOLD (Include relationship and age):

1)

2)

3)

Has your child had previous group play experience? \_\_\_\_\_ Where? \_\_\_\_\_

Does your child have neighborhood playmates? Specify: \_\_\_\_\_

Does your child have any special fears of which you are aware? \_\_\_\_\_

Any special interests? \_\_\_\_\_

Special needs? \_\_\_\_\_

What method of discipline is used in your home? \_\_\_\_\_

Things of importance to you and/or your child: \_\_\_\_\_

Do you have any suggestions regarding easing your child's transition to Alaya?

**Please turn over and fill out back side**

**HEALTH HISTORY OF CHILD** *continued from other side*

What past illnesses has your child had? At what age?

\_\_\_\_\_ chicken pox    \_\_\_\_\_ scarlet fever    \_\_\_\_\_ diabetes    \_\_\_\_\_ mumps  
\_\_\_\_\_ measles    \_\_\_\_\_ hepatitis    \_\_\_\_\_ ear infections    \_\_\_\_\_ other

Does your child have frequent colds? \_\_\_\_\_ (Yes/No) Explain: \_\_\_\_\_

\_\_\_\_\_ tonsillitis?    \_\_\_\_\_ strep?    \_\_\_\_\_ dental problems?    \_\_\_\_\_ stomach aches?

\_\_\_\_\_ Does he/she vomit easily?    \_\_\_\_\_ Does he/she run high fevers easily?

Has your child had any serious accidents? \_\_\_\_\_ (Yes/No) Explain: \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ (Yes/No) If so, how do the allergies manifest? \_\_\_\_\_

How do you treat the allergies (please be specific)? \_\_\_\_\_

Do you know what causes the allergies? \_\_\_\_\_

Does your child have: \_\_\_\_\_ asthma    \_\_\_\_\_ hay fever    \_\_\_\_\_ hives    \_\_\_\_\_ other (specify:)

Does your child have any speech, vision, hearing or motor problems? \_\_\_\_\_ (Yes/No) If so, has he/she been tested? Has the problem been, or is it being, treated? If so, how? \_\_\_\_\_

Does your child have any special eating habits or dietary restrictions? \_\_\_\_\_

Please use additional page(s) to describe any other health related information concerning your child of which Alaya should be aware.