

MEDICAL HISTORY OF YOU, YOUR PARENTS AND OTHER RELATIVES (... Continued)

MEDICAL CONDITION	NO	Not Known	YES Self	YES - RELATIVE (Specify Relationship)	COMMENTS
I. LYMPHATIC DISORDERS					
1. Cancer					
2. Tumors					What kind? Age at onset? What part of body?
3. Hodgkin's disease					What kind? Age at onset? What part of body?
4. Other (explain)					
J. NERVOUS SYSTEM DISORDERS					
1. Multiple sclerosis					Parts of body involved? Age at onset?
2. Huntington's disease					
3. Cerebral palsy					
4. Seizures or convulsions (Epilepsy)					Age at onset? What treatment? Frequency?
5. Other (explain)					
K. INFECTION, HOSPITALIZATION					
1. Repeated attacks of fever with known infection					Diagnosis?
2. Repeated severe infection necessitating hospitalization					Age? Number of hospitalizations?
3. Hospitalization, operation, or injury					What for? When?
4. Tuberculosis					Age at onset? What kind? What part of body?
5. Other (explain)					
L. OTHER MEDICAL OR HEALTH PROBLEMS					
1. Arthritis					What kind? Age at onset? What part of body?
2. Kidney disease (renal)					Age at onset? What treatment?
3. Cystic fibrosis					What kind? Age at onset? What part of body?
4. Miscarriages					Number of pregnancies, number of live births
5. Alzheimer's					
6. Depression/Suicide					
7. Abuse/neglect					
8. Smoking					
9. Other -					Please list premature deaths of close relative and other children born to you including age and cause of death.

Signature: _____

_____ Birth parent who completed this form

_____ relationship to the child (birth mother or father)

Child Assessment Form

4. Eating Preferences:

What are your child's favorite foods?			
Does your child use utensils, eat with fingers, feed self?			
Does your child choke easily while eating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

5. Activities:

What activities do you like to do with your child?			
What activities does your child like to do when playing with other children?			
What does your child like to do when he is playing alone?			

6. Family History:

Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family)			
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I verify that the above assessment was discussed with the parent(s) of _____

Signature of Director

Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date Signed

Additional Comments:

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