



Peninsula Montessori School

### HEALTH HISTORY AND BACKGROUND REPORT

Child's name \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_  
List all persons living with child (parents, siblings, etc.) \_\_\_\_\_

Is/Has child been under regular supervision of physician? \_\_\_\_\_  
Date of last examination \_\_\_\_\_

#### Developmental History

Any prenatal or delivery problems? \_\_\_\_\_  
At what age did child begin walking? \_\_\_\_\_ Talking? \_\_\_\_\_ Toilet training? \_\_\_\_\_

#### Past illnesses-Check illnesses that child has had and specify dates of illnesses

Chicken Pox	Diabetes	Poliomyelitis
Asthma	Epilepsy	10 day Measles
Rheumatic	Whooping cough	3 day Measles
Hay fever	Mumps	

Specify any other serious or severe illnesses or accidents? \_\_\_\_\_  
Does child have frequent colds? \_\_\_\_\_ If yes, how many in the last year? \_\_\_\_\_  
List any allergies the school should be aware of: \_\_\_\_\_

#### Daily Routines

Is child toilet trained? \_\_\_\_\_ Are bowel movements regular? \_\_\_\_\_ What is usual time? \_\_\_\_\_  
Word used for "bowel movement" \_\_\_\_\_ Word used for urination? \_\_\_\_\_  
What time does child go to bed? \_\_\_\_\_ What time does child get up? \_\_\_\_\_  
Does child sleep well? \_\_\_\_\_ Does child sleep during the day? \_\_\_\_\_ How long? \_\_\_\_\_  
What does child usually eat for these meals? Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_

What are usual eating hours? \_\_\_\_\_  
Any food dislikes or eating problems? \_\_\_\_\_  
Is child presently under a doctor's care? \_\_\_\_\_ If yes, name of doctor \_\_\_\_\_  
Does child take prescribed medications? \_\_\_\_\_ If yes, what kind and what for? \_\_\_\_\_  
Has child had any previous Individual Education Plans (IEP's), counseling or therapy? \_\_\_\_\_  
If yes, what was the reason? \_\_\_\_\_  
Parent's evaluation of child's health \_\_\_\_\_

How does child get along with parents, siblings and other children? \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_  
Does the child have any special problems, fears, needs? \_\_\_\_\_

How does the child take direction from parents? \_\_\_\_\_  
What group play experience has the child had? \_\_\_\_\_  
What is the plan for care when the child is ill? \_\_\_\_\_  
Reason for enrolling in Peninsula Montessori School? \_\_\_\_\_

Other schools attended \_\_\_\_\_  
Reason for leaving other school(s) \_\_\_\_\_

Amount of waking hours parents spend with child per week: Mother \_\_\_\_\_ Father \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_