

GENERAL INFORMATION

What method of behavior control is used in your home? \_\_\_\_\_

How does child respond to this method? \_\_\_\_\_

What are the child's most desirable characteristics? \_\_\_\_\_

What are the child's least desirable characteristics? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

Does child bite? \_\_\_\_\_

HEALTH HISTORY OF CHILD:

Has child had: Chicken pox? \_\_\_\_\_ Scarlet fever? \_\_\_\_\_ Diabetes? \_\_\_\_\_ Hepatitis? \_\_\_\_\_

Frequent tonsillitis? \_\_\_\_\_ Ear aches? \_\_\_\_\_ Stomach aches? \_\_\_\_\_ Colds? \_\_\_\_\_

High fevers? \_\_\_\_\_ Other? \_\_\_\_\_

Does child vomit easily? \_\_\_\_\_ Has child had any serious accidents? \_\_\_\_\_

Is child allergic? \_\_\_\_\_ If so, how does it manifest itself? \_\_\_\_\_

Asthma? \_\_\_\_\_ Hay fever? \_\_\_\_\_ Hives? \_\_\_\_\_ Other? \_\_\_\_\_

Do you know what triggers the allergic reaction? \_\_\_\_\_

Has child ever been to the dentist? \_\_\_\_\_ Has child ever had hearing tested? \_\_\_\_\_

Vision? \_\_\_\_\_ Does the child wear corrective shoes? \_\_\_\_\_

How would you describe your child's health? \_\_\_\_\_