Child Biography

Thank you for providing us with a picture of your child's development.

Name of Child _____

DOB / /

Birth and Pregnancy

Full Term Pregnancy Yes/No

Comments_____

Delivery (Please indicate) Vaginal/ Caesarean

Complications/Distress Yes/No

Comments _____

_____

Postpartum

Breastfed Yes/No

Duration_____

Did baby thrive readily? Yes/No

Early Developmental Milestones

Please comment:

Visual tracking _____

Grasping _____

Babbling_____

Rolling_____

Teething_____

Cross Crawling _____

Walking___ _____

Talking __ _____

Hand-eye co-ordination _____

Socializing _____

Other observations _____

_____

_____

_____

Temperament

Please describe your child's characteristics in terms of how he/she relates to others.

_____

_____

_____

_____

Toileting

Is your child toilet trained? Yes/No

At what age was he/she trained? _____

Does your child wet the bed? Yes/No

Eating and Digestion

Does your child have special dietary requirements?

Yes/No

Details _____

What kind of foods does your child favour?

_____

Metabolism

_____

Teeth

Has your child begun to lose his/her milk teeth? Yes/No

At what age did this begin? _____

Family

Does your child live with both parents/Guardians?

Yes/No

Comments _____

_____

_____

Pets

Does your child live with pets? Yes/No

Details _____

Independence

Do you anticipate any separation anxiety when your child attends school? Yes/No

Comments_____

How well does your child manage his/her own belongings?

Details_____

Does your child have regular chores/responsibilities?

Details_____

Habits

Does your child have any habits such as nail biting, thumb sucking, hair-pulling, chewing or self-harming?

Details _____

_____

Health

General Health _____

_____

Medical Conditions? _____

_____

Allergies _____

_____

Is medication required? Yes/No

Please provide details _____

_____

Is there any other information that may be beneficial for providing care of your child?

_____

_____

_____

_____

_____

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