

## TELL US ABOUT YOUR CHILD

Child's Name \_\_\_\_\_

What would you like us to call your child? \_\_\_\_\_

If you would like to, please tell us about the people who live in the home with the child. \_\_\_\_\_

What should we know about your child's health? \_\_\_\_\_

Does your child have any allergies? If yes, what is your child allergic to? \_\_\_\_\_

What are the symptoms? \_\_\_\_\_

How severe? Is there an antidote? \_\_\_\_\_

Does your child take any medicine regularly, if yes, what? \_\_\_\_\_

Do you have any concerns about your child that you want to tell us about? \_\_\_\_\_

Does your child have a disability that has been diagnosed? \_\_\_\_\_

### Food

What do you want us to know about your child's feeding and eating patterns? \_\_\_\_\_

How do you feed him or her? \_\_\_\_\_

If your child is eating solid foods \_\_\_\_\_

Are there any food restrictions? \_\_\_\_\_

What are his or her likes, and dislikes? \_\_\_\_\_

Does your child feed him or herself? \_\_\_\_\_

How? Eat with fingers? Use a spoon? Use a fork? Use chopsticks? Drink out of a cup? \_\_\_\_\_