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| *North Carolina Infant-Toddler Program*  |       |

## *Intake / Child History Form*

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| --- | --- | --- | --- | --- |
| **Child’s Name:** |       |  | **Date of Birth:**  |       |
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|  |
| **I. Medical Information** |
| 1. Were there any complications during pregnancy? Check all that apply:
 |
| [ ]  | Infection | [ ]  | Rh incompatibility | [ ]  | Chronic Disease |
| [ ]  | Vaginal Bleeding | [ ]  | High Blood Pressure | [ ]  | Injury or accident |
| [ ]  | Toxemia | [ ]  |       | [ ]  |       |
| 1. Was your child born prematurely? [ ]  No [ ]  Yes If yes, gestational age:
 |       |  |
| 1. How was your baby delivered? [ ]  Vaginally [ ]  Cesarean Section (c-section)
 |  |  |
| 1. What was your child’s weight at birth?
 |       |  |
| 1. Did your child have any problems after birth (for example, respiratory distress, congenital anomalies, brain trauma, etc?
 |
|  [ ]  No [ ]  Yes If yes, explain:  |       |
| 1. Hospital where child was born:
 |       |
| 1. Does your child have any current medical problems? [ ]  No [ ]  Yes If yes, what?
 |
|  Hearing:1. Do you have any concerns about your child’s hearing? [ ]  No [ ]  Yes If yes, what?
2. Did your child pass the newborn hearing screen? [ ]  No [ ]  Yes

 Vision:1. Do you have concerns about your child’s vision? [ ]  No [ ]  Yes If yes, what?
 |
| 1. Is your child currently taking any medication? [ ]  No [ ]  Yes If yes, what?
 |
| 1. Is your child allergic to any foods or medications? [ ]  No [ ]  Yes If yes, please list.
 |
| 1. Are your child’s immunizations up to date? [ ]  No [ ]  Yes [ ]  Not Sure
 |
|  List your primary physician and indicate if your child has ever seen any specialists such as an ophthalmologist, ear/nose and throat doctor, or neurologist.  |
| **Name** | **Address** | **Reason Seen / Outcome** |
|       |       |       |
|       |       |       |
|       |       |       |
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|  |
| **II. Developmental History** |
| At what age did your child first: |
|  | **Age** |  | **Age** |
| Roll over |       | Say single words |       |
| Sit alone |       | Use 2- or 3-word combinations |       |
| Crawl |       | Exchange expressions with you (smile) |       |
| Walk alone |       | Responds to own name |       |
| Feed self (fingers / utensil) |       | Lets you know what he/she wants and doesn’t want |       |
| Additional pertinent information: |       |
|  |       |
| CDSA staff person collecting information from family |       |  |       |
|  |  |  |  |
|  | Name/Title |  | Date |