

Birth History

Did the student's mother have any physical or emotional illness during this pregnancy: Yes No

If yes explain briefly: _____

Age of mother when this child was born: _____ Birth weight of the child _____

Was the child born at Full Term Early Late

Length of labor: _____ Any complications during delivery? Yes No

Did the infant have any sickness or problems after delivery or while in the nursery, such as:

- Cyanosis (blue skin color)
- Infections
- Jaundice (yellow skin color)
- Other _____

Developmental History: Please indicate the approximate age at which this child.....

Walked alone _____ Spoke in two words sentences _____

Potty trained _____ Development compared to siblings or playmates:

Dressed self _____ Slower Faster Same

Sleep Habits or Disturbance

How many hours does child sleep each night? _____ Any difficulties? _____

Mouth breather? _____ Snores? _____ Sleepwalks? _____ Bedwetting? _____

Speech Development

Has child had a speech problem? _____

Please describe _____ Received speech therapy? _____

Dietary Status: Describe any concerns about child's nutrition _____

Weight concerns? _____ Usually eat breakfast? _____ Avoid certain foods? _____

Other food related concerns: _____

Dental History:

Denist Name & Address: _____

Date of last exam: _____

Special dental needs or problems: _____

Special Needs:

Do you have other information or concerns about this child's physical or emotional health, growth, and development, behavior, or family circumstances that you feel the school nurse should be aware of?

I give my permission to share this information with South-Western City School Staff as needed.

Completed by: _____ Date: _____
Signature and Relationship to Child