

**ABOUT THE CHILD**

Name

\_\_\_\_\_  
Last name First name Middle name

Nickname \_\_\_\_\_ No. of Siblings \_\_\_\_\_ Birth Order (1st, 2nd, 3rd...) \_\_\_\_\_

Handedness:  Left  Right  Both  Not yet established

Parents are  Married  Separated  Widowed  
 Not Married  Divorced  Single Parent

If the child does not stay with both parents, child lives with:  Mother  Father  Guardian/Relative

**BIRTH AND INFANCY**

Normal Birth  Caesarian  Forceps  Others (pls. specify) \_\_\_\_\_

List any complications during pregnancy and childbirth \_\_\_\_\_  
\_\_\_\_\_

The child is ( ) adopted / ( ) biological child of parents.

**HEALTH & DIET**

Illnesses experienced/ still experiencing (please specify: allergies, pneumonia, bronchitis, asthma, primary complex, etc.) \_\_\_\_\_

Immunizations (please specify: BCG, DPT, Polio, Hepatitis, etc.) \_\_\_\_\_

Medicines Presently taken (please specify, including vitamins, if any) \_\_\_\_\_  
\_\_\_\_\_

Are you open to alternative / natural medicines? \_\_\_\_\_

Main Diet  Mostly vegetables with rice  Mostly Fruits  
 Mostly seafood with rice  Balanced Combination of all of the above  
 Mostly animal meat with rice  Others (please specify, ex., mainly bread, etc.)

Snack foods/ merienda \_\_\_\_\_

Are there any feeding problems? \_\_\_\_\_

Please specify kinds of foods child is allergic to \_\_\_\_\_

How does this allergy manifest? \_\_\_\_\_

**HOME AND FAMILY**

Main caregiver since birth

Mother  Father  Yaya  Guardian/Relative (Please specify) \_\_\_\_\_

Main activities at home (please enumerate) \_\_\_\_\_

Present regular sleeping time \_\_\_\_\_ Present waking time \_\_\_\_\_

Are there any sleeping problems? \_\_\_\_\_

Approximate daily free time for leisure & recreation (no. of hours) \_\_\_\_\_

Does child have regular playmates of his age at home?  Yes (Specify how many) \_\_\_\_\_  No

**PERSONALITY AND DEVELOPMENT**

Special Interests/Talents \_\_\_\_\_

Can you tell us anything significant about your child's development? \_\_\_\_\_  
\_\_\_\_\_

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

Has the child been professionally diagnosed to have any disorder like speech problem, hyperactivity, ADHD, autism or the like?  No  Yes (please specify & attach records) \_\_\_\_\_

Previous school/s attended (enumerate) \_\_\_\_\_

Reason/s for taking child out of previous school \_\_\_\_\_

\_\_\_\_\_  
Parent's Name & Signature

\_\_\_\_\_  
Date