



Name of Patient	Date of Birth	

Perso	Personal/Social History: Date: <u>«VisitApptDate»</u>				
	Are you Concerned abo Please mark all	•			
	Excessive spitting or vomiting			Bowel movements	
	Are they still taking the breast or bottle			Sleep habits	
	Excessive whining, fussing or crying			Lack of spontaneous play with others	
	Overall health and development				
	Does your cl				
YES/N	10	YE	S/N		
	Say 15-20 words clearly	Ш	Ц	Use two word phrases and imitate words	
	77 4 1 1			Ever use index finger to point at	
	Know 4 or more body parts			things	
	Look at toy when you point at it			Seem to hear well	
	Show fear, anger, affection, jealousy			Use a spoon or cup	
	Stack 3 or more blocks			Live in or regularly visit a house built before 1950? (daycare, baby sitter, or relative)	
	Live in or regularly visit a house built before 1978 with recent or ongoing renovation or remodeling?			Have a sibling or playmate who now has or did have lead poisoning?	
	Does patient take vitamins?				
		ı			

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Comunication:			
Y = Y	es S = Sometimes		N = Not Yet
	When your child wants something, do they tell you by pointing to it?		When you ask your child to, do they go into another room to find a familiar toy or object?
	Does your child say eight or more words in addition to "mama" or "dada"?		Does your child imitate a two-word sentence? For example, "momma eat," "daddy play," or "What's this??
	Without showing them, does your child point to the correct picture when you say, "Show me the kitty," or ask, "Where is the dog?"		Does your child say two to three words that represent different ideas together, such as "see dog," "mommy come home," or "kitty gone"?
	Gross M	lotor:	
	Does your child bend over or squat to pick up an object from the floor and then stand up again without any support?		Does your child move around by walking, rather than crawling on hands and knees?
	Does your child climb on an object such as a chair to reach something they want?		Does your child walk well and seldom fall?
	When you show your child how to kick a large ball, do they try to kick the ball by moving their leg forward or by walking into it?		Does your child walk down stairs if you hold onto one of their hands?
	Fine M	otor:	
	Does your child throw a small ball with a forward arm motion?		Does your child stack a small bock or toy on top of another one?
	Does your child mark on the paper with the tip of a crayon when trying to draw?		Does your child stack three small blocks or toy on top of another one by themselves?
	Does your child turn the pages of a book by themselves?		Does your child get a spoon into their mouth right side up so that the food usually doesn't spill?
Parei	nt Signature:		Date:

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	Problem S	olving:	
	Does your child drop several small toys, one after another, into a container like a bowl or box?		After you have shown your child how, do they try to get a small toy that is slightly out of reach by using a spoon, stick, or similar tool?
	After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottom over to dump it out? [If you show them how]		Without you showing them how, does your child scribble back and forth when you give a crayon?
	After watching you draw a line from the top of the paper to the bottom with a crayon, does your child copy you by drawing a single line on the paper in any direction?		After a crumb or Cheerio is dropped into a small, clear bottle, does your child turn the bottle upside down to dump out the crumb or Cheerio? [Without showing how]
Personal-Social:			
	While looking at themselves in the mirror, does your child offer a toy to their own image?		Does your child play with a doll or stuffed animal by hugging it?
	Does your child get your attention or try to show you something by pulling on your hand or clothes?		Does your child come to you when they need help such as with winding up a toy or unscrewing a lid from a jar?
	Does your child drink from a cup or glass, putting it down again with little spilling?		Does your child copy the activities you do, such as wipe up a spill, sweep, shave, or comb hair?

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Social History:

1. Lives at home with:	Mom	Dad	Both Parent	Other
2. Expose to Smokes?	Yes	No	Who smokes?	
3. Are there any Firearms in the house?	Yes	No		
4. Do you have a Swimming Pool?	Yes	No		
5. How often does your child exercise?	None	1-3 days	3-5 days	
6. Home smoke detector use?	Yes	No		
7. How much caffeine daily?	?			
8. School:	Public	Private		
9. Grade Level:				
10. Daycare?	Yes	No		
11. Pets	Yes	No		

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