

**PRE-EXAM FORM**

RESULTS OF NEWBORN VISION SCREENING:

RESULTS OF NEWBORN HEARING SCREENING:

WHEN WAS YOUR CHILD'S VISION LAST CHECKED AND THE RESULTS:

WHEN WAS YOUR CHILD'S HEARING LAST CHECKED AND THE RESULTS:

DOES YOUR CHILD WEAR ANY HEARING AIDS OR GLASSES: Y/N (IF YES, WHICH AND FOR HOW LONG)

DOES YOUR CHILD HAVE ANY ALLERGIES (MEDICATIONS, FOOD, ETC): Y/N (IF YES, PLEASE DESCRIBE)

DOES YOUR CHILD RECEIVE ANY ADDITIONAL SERVICES: Y/N (IF YES, WHAT TYPE AND HOW OFTEN)

PLEASE INDICATE WHEN YOUR CHILD ACCOMPLISHED THESE DEVELOPMENTAL MILESTONES:

BABBLED:	HELD OWN BOTTLE:	SAT INDEPENDENTLY:
CRAWLED ON HANDS AND KNEES:	WALKED:	SPOKE FIRST WORD:
FED SELF WITH SPOON:	SCRIBBLED WITH CRAYONS:	
BECAME TOILET TRAINED:	SPOKE IN SENTENCES:	

HAS YOUR CHILD LOST ANY SKILLS: Y/N (IF YES, PLEASE DESCRIBE)

WHEN WAS YOUR CHILD'S LAST PHYSICAL EXAM:

HAS YOUR CHILD HAD ANY OF THE FOLLOWING (PLEASE CIRCLE)

ADENOIDECTOMY	ALLERGIES	ANEMIA	ASTHMA	BOWEL PROBLEMS
BREATHING DIFFICULTIES	CHICKEN POX	COLDS	CONSTIPATION	EAR (PE) TUBES
ECZEMA	ENCEPHALITIS	FLU	HIGH FEVERS	HEAD INJURY
HEARING CONCERNS	MEASLES	MENINGITIS	MRSA FEVERS	MUMPS
RUBELLA	SCARLET FEVER	SEIZURES	SLEEPING PROBLEMS	SINUSITIS
THUMB SUCKING HABIT	TONSILLECTOMY	TONSILLITIS	URINARY PROBLEMS	VISION CONCERNS
VRE INFECTION	EAR INFECTIONS	OTHER:		

DETAILS ABOUT ITEMS CIRCLED ABOVE:

BEHAVIOR HISTORY:

	YES	NO	SOMETIMES
My child injures or harms him/herself (ex. Bites, hits, bangs head).			
My child's has a hard time with transitioning from one activity to another.			
My child does not listen to my directions several times per day.			
My child has long tantrums.			

ADDITIONAL COMMENTS ABOUT BEHAVIOR:

**PRE-EXAM FORM CONTIUED**

IS YOUR CHILD CURRENTLY ATTENDING DAYCARE OR SCHOOL? Y/N

SCHOOL NAME:

GRADE:

LOCATION:

DOES YOUR CHILD'S CLASSROOM TEACHER HAVE ANY CONCERNS ABOUT YOUR CHLD: Y/N (IF YES, PLEASE DESCRIBE)

DO YOU HAVE ANY CONCERNS ABOUT YOUR CHILD: Y/N (IF YES, PLEASE DESCRIBE)

WHAT IS THE MOST DIFFICULT ASPECT OF CARE FOR OR PARENTING YOUR CHILD?

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO SHARE WITH US ABOUT YOUR CHLD AND HIS/HER DEVELOPMENT?