HEALTH ASSESSMENT—Parent/Guardian Interview Worksheet

Student:_________________________ Student #___________ School:__________
DOB:_________ Respondent:_________________ Date:__________ Grade/Room___/____

*Current Health: Any known health problems:__________________________ (dental?)

Last Well Child Visit: __________ (approx. Date) with Dr__________________ Last visit-Dentist: __________

Appetite (changes): __________ Special diet/ Nutritional concerns?________________________

Sleep habits: __________ ?hrs/night Bedtime?________________________

Energy Level (changes?): __________ Activities or Sports:________________________

Medications:_______________________ Vitamins or other supplements:________________________

Allergies to Meds/or Foods/or Bees:________________________

Past medical history: Problems during pregnancy?________________________

Problems at Bith: Vag __C.Sec.__ (why?) ___________________________Medical/Prenatal Care?____

Gestational Age: _______wks. Birth weight _______ Baby’s health:________________________

Infancy: Feedings Btl / Br________________________ Growth________________________

Serious illnesses: (Age, type, number, severity) ___________________________ Ear infections: (Ages, number)________________________

Childhood: Hospitalizations: (Age, cause, length of stay, facility)________________________

Injuries: (Age, Type, How)________________________

Visual Problems?___________ (glasses? Eyes Checked?) Hearing Problems?________________________

Developmental milestones: If do not know specific ages, compare to siblings.

Did your child develop sooner, same or later than other children?________________________

Sit___________(5-9 months) Crawls __________(6-12 months) Walk___________ (10-15 months)

Single words ______(9-14 months) Sentence-2words together ______(14-24months) Toilet Trained____(24-40 months)

Family history: Any Health problems? (Mother, Father, siblings)________________________

Family History of Learning problems (who, what Dx.) _____________________________

*Social history: Previous school Experiences:________________________

Interests at school:_________________________ Friends at school:________________________

How does your child get along with you/parent?________________________ Other adults?__________

Siblings?________________________ (names and ages) Other children________________________

Any changes in the family? (living place, job, family at home)________________________

How are things going at home? (concerns?)________________________

Who helps your child with homework?________________________ Is there a place to do homework?________________________ How your child spends free time?________________________

How would you say your child is doing with learning?________________________

Revised 11/10/2004 by SSNA Nurse Practice Committee (* for re-evaluation complete these sections.)
Replaces SNM Pages 9:11 & 22:101
What else would you like to tell us about your child? ________________________________

What motivates your child? (Incentive):
__________________________________________ Interviewer:________________________
__________________________________________