

## 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 Birth:** 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: \_\_\_\_\_  
\_\_\_\_\_