

Describe your child's emotional, physical and social growth, and development to this point:

Describe your child's diet (include types of food and fluids he or she is now taking):

Fluids/Beverages: \_\_\_\_\_

Solids: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Does your child have any allergies to foods, medications or contact allergies? Yes  No

If yes, please list: \_\_\_\_\_

Is the allergy severe enough to require medication or emergency treatment? Yes  No

If yes, describe and detail any medications required: \_\_\_\_\_

Has your child eaten peanut butter at home?

Yes  No

Diet restrictions (cultural, religious): \_\_\_\_\_

Describe any particular concerns you have about your child's diet and/or eating habits: \_\_\_\_\_

Describe your child's sleeping habits and routine: \_\_\_\_\_

How frequently does your child have a bowel movement: \_\_\_\_\_

How far has your child progressed in toilet learning, if applicable: \_\_\_\_\_

## Behaviour Patterns and Habits

Describe your child's behaviour and habits (e.g. temperament, energy level): \_\_\_\_\_

Describe an ordinary day in your child's life, from getting up in the morning to going to bed, including times for naps, meals and play, interests, activities, etc.

*Morning:* \_\_\_\_\_

*Afternoon:* \_\_\_\_\_

*Evening:* \_\_\_\_\_