



University of California, Irvine  
Preschool Family History Form  
(949) 824-2100

The following information is considered personal and confidential. Only the professional staff has access to your child's file.

Date of Entrance \_\_\_\_\_ Center \_\_\_\_\_

**FAMILY INFORMATION**

**Child Information**

Last Name:		First Name:	
Birthdate:	Gender:	Place of Birth:	
Street Address:			
City:		State:	Zip:

**Parent 1 Information**

Last Name:		First Name:	
Email:		Age:	
Street Address:			
City		State:	Zip:
Cell Phone#:		Alternate #:	
Affiliation to UCI:		UCI ID:	

**Parent 2 Information**

Last Name:		First Name:	
Email:		Age:	
Street Address:			
City		State:	Zip:
Cell Phone #:		Alternate #:	
Affiliation to UCI:		UCI ID:	

**Marital Status (Check one):**

Married      Separated      Divorced      Widowed      Single      Unmarried life partners

Do both parents live in child's home? \_\_\_\_\_

If not, how long has the other parent been out of the home? \_\_\_\_\_

How often does your child see his/her other parent? \_\_\_\_\_

Are there extended visits? \_\_\_\_\_

If your child does visit the other parent, do you notice any behavioral changes before or after the visit? Explain. \_\_\_\_\_

What is the legal custody arrangement? \_\_\_\_\_

Other children in the family:

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Describe how your child gets along with his/her siblings \_\_\_\_\_

Do you have any relatives in the area that are significant to your child? \_\_\_\_\_

If so, who? \_\_\_\_\_

Have the adults in your child's life remained fairly constant? \_\_\_\_\_

Describe any recent major changes in your family; such as birth, death, marriage, divorce, separation, moving, etc. \_\_\_\_\_

**MEDICAL HISTORY**

Number of pregnancies before this child \_\_\_\_\_ Child's birth weight \_\_\_\_\_

Type of birth \_\_\_\_\_ Did your child arrive on time? \_\_\_\_\_

Did the baby have any trouble starting to breathe at birth? \_\_\_\_\_

Did the baby have any problems while in the hospital? \_\_\_\_\_

Were any congenital defects noted at birth or since? \_\_\_\_\_

Did the mother experience any illnesses or difficulties during pregnancy? \_\_\_\_\_

Apgar score or general condition at birth \_\_\_\_\_

## PHYSICAL HEALTH

What health problems has your child had in the past? \_\_\_\_\_

What health problems does your child have now? \_\_\_\_\_

### ***Other than what you listed above--***

Does your child have any allergies? \_\_\_\_\_

If so, to what? \_\_\_\_\_

How severe? \_\_\_\_\_

Does your child take any medicine regularly? If so, what? \_\_\_\_\_

Has your child ever been hospitalized? If so, why and when? \_\_\_\_\_

Does your child have any recurring chronic illness or health problem (such as asthma or frequent ear infections)? \_\_\_\_\_

If your child has had any of the following illnesses, please state the age at which he/she had them:

Asthma_____	Chicken Pox_____	Convulsions_____
Diabetes_____	Diphtheria_____	Hay Fever_____
Heart Disease_____	Measles_____	Mumps_____
Pneumonia_____	Poliomyelitis_____	Rheumatic Fever_____
Scarlet Fever_____	Small Pox_____	Tuberculosis_____
Whooping Cough_____	Hepatitis_____	Other_____

Does your child have a disability which has been diagnosed (such as cerebral palsy, seizure disorder, developmental delay)? \_\_\_\_\_

Do you have any other concerns about your child's health? Please explain. \_\_\_\_\_

Please check any chronic diseases that have occurred in the family history:

Allergies	Anemia	Asthma	Cancer
Diabetes	Heart Disease	Seizures	Rheumatic Fever
Other_____			

Are the child's parents and siblings in good health? \_\_\_\_\_

## DEVELOPMENTAL HISTORY

### DEVELOPMENT

#### **Age your child:**

Sat up alone\_\_\_\_\_ Crawled\_\_\_\_\_ Walked\_\_\_\_\_

Began helping in dressing/undressing self\_\_\_\_\_ Began using the potty\_\_\_\_\_

Does your child have any problems with talking or making sounds? Please explain.\_\_\_\_\_

Does your child have any problems with walking, running, or moving? Please explain.\_\_\_\_\_

Do you have any concerns about your child using our outside play equipment?\_\_\_\_\_

Does your child have any problems seeing? Please explain.\_\_\_\_\_

Does your child have any problems hearing? Please explain.\_\_\_\_\_

Does your child have any problems using her or his hands (such as with puzzles, drawing, small building pieces)? Please explain.\_\_\_\_\_

## NUTRITION AND FEEDING PRACTICES

Have you noticed any allergies or sensitivities to particular foods?\_\_\_\_\_

What, if any, problems have you had around feeding?\_\_\_\_\_

What foods do you prefer your child not to have?\_\_\_\_\_

What are your child's favorite foods?\_\_\_\_\_

Is your family vegetarian?\_\_\_\_\_

## SLEEPING

What is your child's bedtime?\_\_\_\_\_ How many hours does your child sleep at night? \_\_\_\_\_

What is your child's sleep schedule during the day?\_\_\_\_\_

Do you have any special ways of helping your child fall asleep?\_\_\_\_\_

Does your child share a bedroom? If so, with whom?\_\_\_\_\_

Does your child share a bed? If so, with whom?\_\_\_\_\_

Are you having trouble establishing a regular sleeping cycle for your child?\_\_\_\_\_

Does your child have nightmares?\_\_\_\_\_

## TOILETING

Is your child completely potty trained (consistently initiates toileting, wears underwear, urinates and has bowel movements in the toilet)? \_\_\_\_\_

What is your family's terminology for urination? \_\_\_\_\_

For bowel movements? \_\_\_\_\_

Does your child communicate the need to use the toilet? \_\_\_\_\_

Does your child need any assistance with toileting (reminders, clothing, sitting on the toilet, wiping themselves, other)? \_\_\_\_\_

Does your child wake up dry in the morning? \_\_\_\_\_ After naps? \_\_\_\_\_

## LANGUAGE

Language(s) your child speaks: \_\_\_\_\_

Language(s) child understands: \_\_\_\_\_

What language(s) are spoken to the child? \_\_\_\_\_

When did your child say their first word? \_\_\_\_\_

First sentence? \_\_\_\_\_

Do you understand most of what your child says? \_\_\_\_\_

Do others? \_\_\_\_\_

Are there any aspects of your child's language that concern you (articulation, vocabulary, understanding)? \_\_\_\_\_

## DISCIPLINE PRACTICES

Is your child (Check one):

Easy to manage

Fairly easy to manage

A real challenge to manage

Impossible to manage

Explain: \_\_\_\_\_

For what reasons do you discipline your child? \_\_\_\_\_

What methods of discipline have you found to be most effective? \_\_\_\_\_

Are you in agreement with your parenting partner about the methods of discipline to be used with this child? \_\_\_\_\_

If not, in what ways do you differ? \_\_\_\_\_

How does your child usually react to limits and corrections? \_\_\_\_\_

What expectations do you have for your child at home? \_\_\_\_\_

At school? \_\_\_\_\_

Are there any behaviors that concern you or that you would like us to know about? \_\_\_\_\_

### SOCIAL RELATIONSHIPS / PLAY

What schools, groups or private homes has your child previously attended? \_\_\_\_\_

What ages are your child's most frequent playmates? \_\_\_\_\_

Is your child friendly? \_\_\_\_\_ Aggressive? \_\_\_\_\_ Shy? \_\_\_\_\_ Withdrawn? \_\_\_\_\_

Does your child play well alone? \_\_\_\_\_ What is your child's favorite toy? \_\_\_\_\_

Is your child frightened by animals? Rough children? Loud noises? The dark? Storms? Anything else?

What words best describe your child? \_\_\_\_\_

What do you most enjoy about your child? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

Does your child use a special comforting item (such as a blanket, stuffed animal, doll)? \_\_\_\_\_

Do you allow your child to have screen time (e.g. TV, iPad, computers)? **Yes/No**

How many hours a day does your child watch TV during the week? \_\_\_\_\_ Weekend? \_\_\_\_\_

What are your child's favorite TV shows? \_\_\_\_\_

How many hours do you allow on iPad/computer during the week? \_\_\_\_\_ Weekend? \_\_\_\_\_

How many hours a day does your child watch videos during the week? \_\_\_\_\_ Weekend? \_\_\_\_\_

Favorite videos? \_\_\_\_\_

How often do you watch TV or videos with your children? \_\_\_\_\_

Would you be willing to share any family or cultural traditions with us? \_\_\_\_\_

Food \_\_\_\_\_ Books \_\_\_\_\_ Clothing \_\_\_\_\_ Artifacts \_\_\_\_\_

Music \_\_\_\_\_ Other \_\_\_\_\_

Are there services other than child care that the Center can help you with? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_