Child Health & Development Questionnaire

See our other **Dietrich Karate programs at www.tkdsites.com/dks.com (703) 425-KICK**

Today's Date _____

Child's name _____*Date of Birth*_____ *Race* _____ *Sex* _____

Name of Parent/Guardian completing form: _____

Please answer the questions on this form. We feel this information will help us to be more effective in working with your child.

Childhood diseases child has had:

_____*Chicken Pox* *around what date?:* _____ _____*Scarlet Fever* *around what date?:* _____

_____*Measles* *around what date?:* _____ _____*Rheumatic Fever* *around what date?:* _____

_____*3 day (Rubella)* *around what date?:* _____ _____*Mumps* *around what date?:* _____

_____*10 day (Rubella)* *around what date?:* _____ _____*Strep Throat* *around what date?:* _____

_____*Hepatitis* *around what date?:* _____

Surgery: _____*Date:* _____

Is your child taking over the counter or prescribed medication regularly at home? _____*yes* _____*no (if yes, what?* _____*)*

Is your child taking vitamins regularly at home? _____*yes* _____*no*

List any known allergies to food or environment: _____
What is the allergic reaction?: _____

Have you ever suspected or has your child ever had seizures? _____

Does you child dislike any foods? _____ *if so, what?* _____

What is your child's favorite activity at home? _____

Does your child have temper tantrums? _____ *Does your child bite his/her nails?* _____ *Twist his/her hair?* _____

Does your child complain of feeling ill often? _____ *Does your child have a regular playmate?* _____*same age* ___ *older* _____ *younger* _____

Does your child get along well with groups of children or is he/she more of a loner? _____

If you could describe your child in one word, what would it be? _____

If you could describe your child's strong points, such as happy, curious, loving. _____

Is there anything else, medical or otherwise that we need to know about your child?

_____

_____