



Medical History: Child Form

Your responses to the following questions will help me evaluate your child's learning problems. A number of the factors listed below can sometimes be associated with learning difficulties in children. Please fill out this questionnaire as completely as possible.

Care of mother before birth:

___ Sickness of any kind, please describe: _____

___ Toxemia, describe: _____

___ Accidents e.g. falls, etc.
describe: _____

___ Anything requiring medical attention, of any kind, during pregnancy, describe:

___ Any drugs taken or prescribed? List _____

___ Other, describe: _____

Child's birth:

Was birth premature? _____

How long was
labor? _____

Any drugs used during labor? _____

Oxygen deprivation at birth? Cord around the neck, baby bluish in color, etc?

Fetal distress during labor? _____

Caesaren? Reason: _____

Rapid delivery? _____ Forceps
used? _____

Any period of extended separation after birth? e.g.
premature? _____

Medical treatment for baby of any kind needed? Please describe?

Any other problems _____

Childhood:

Has your child suffered from any serious childhood diseases, had any operations or other
medical problems? Briefly describe:

Has your child had the routine
vaccinations? _____

Any additional ones? _____

Were there any reactions? _____

Has your child ever had ear
infections? _____

Any allergies that you are aware of? _____

Is you child currently under a doctor's or health professional's care? For what
conditions?

Taking any medications/supplements? Which ones and for what condition?

Has your child ever been knocked unconscious?_____ If yes, for how long and what happened?

Has your child ever had an epileptic fit?_____ If yes, describe:_____

Has your child ever had febrile seizures (high temperature induced fits or seizures) especially between 18 months and 3 years of age?_____ If yes, describe:

Does your child suffer from asthma?_____ Taking medication?

Which and how often?_____

Has your child been diagnosed with any medical conditions not covered here?_____

Development:

Did your child crawl?_____ At what age?_____

When did your child start talking?_____

Were there any language delays? _____

If so for how long? _____

Has your child or your child's teacher expressed any concerns about your child's learning?

Any other information that you think would be relevant:
