LIC 702 (8/08) (CONFIDENTIAL)

CHILD'S PREADMISSION	HEALII	H HISTURY—PAR	IENI 3 I		IRTH DATE				
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?				DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD					
									MIE OF LA
DEVELOPMENTAL HISTORY (*For in WALKED AT*	nool-age children only) BEGAN TALKING AT*	TOILET TRAINING STARTED AT*							
MC	ONTHS			MONTHS	d) (managed)			MONTHS	
PAST ILLNESSES — Check illnesses	that child ha	s had and specify approx	imate dates	of illnesses	5 :			DATES	
☐ Chicken Pox	DATES	□ Diabetes	100 000 000 000 000	DATES		Polion	nyelitis	DAILO	
☐ Asthma		☐ Epilepsy				Ten-D (Rube	ay Measles	no management of the contract	
☐ Rheumatic Fever		☐ Whooping cough				Three	-Day Measles		
☐ Hay Fever		☐ Mumps				(Rube	illa)		
SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESS	SES OR ACCIDENT	\$						9	
DOES CHILD HAVE FREQUENT COLDS?	res 🗆 No	HOW MANY IN LAST YEAR?	LIST	ANY ALLERGIES	STAFF SHO	OULD BE AW	ARE OF		
DAILY ROUTINES (*For infants and pre-	school-age child		1						
WHAT TIME DOES CHILD GET UP?*		WHAT TIME DOES CHILD GO TO BED?*			DOES CHILD SLEEP WELL?*				
DOES CHILD SLEEP DURING THE DAY?* WHEN?*					HOW LONG?★				
DIET PATTERN: BREAKFAST (What does child usually					WHAT ARE USUAL EATING HOURS? BREAKFAST LUNCH				
eat for these meals?)									
DINNER	manuface carbo de space modes, que a capacidamente amanamente.			The second secon	i	DINNER		2	
ANY FOOD DISLIKES?		anadas a harangan (1 g a o o a sigil sigil sigil south south your good of Assertion (1 a o o o o o o o o o o o	1	NY EATING PRO	DI EMES	****	7		
			L.			with the a star transmission from the species			
IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*		ARE BOWEL N	BOWEL MOVEMENTS REGULAR?* YES NO			WHAT IS USUAL TIME?*		
WORD USED FOR "BOWEL MOVEMENT"*			WORD USED	FOR URINATION*	•		hanse en der der St. (1970-1875) en 1975, ett 1976 fog 1986 1875 sinden blev en hele en tilset		
PARENT'S EVALUATION OF CHILD'S HEALTH						no arteria em transado pirta de al-Mariti	Andrew Programme Andrew	A CONTRACTOR OF THE PROPERTY O	
IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF	DOCTOR:	DOES CHILD 1	TAKE PRESCRIBE	D MEDICA	TION(S)?	IF YES, WHAT KIND AM	ND ANY SIDE EFFECTS:	
YES NO			☐ YES	YES NO					
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KI	IF YES, WHAT KIND:		JSE ANY SPECIAL	L DEVICE(S	AT HOME?	IF YES, WHAT KIND:		
YES U NO			☐ YES	U NO					
PARENT'S EVALUATION OF CHILD'S PERSONALITY							confine and appropriate for the confidence of th		
HOW DOES CHILD GET ALONG WITH PARENTS, BRO	OTHERS, SISTERS	AND OTHER CHILDREN?							
HAS THE CHILD HAD GROUP PLAY EXPERIENCES?			100 to						
DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/F	EARS/NEEDS? (EX	PLAIN.)							
			X 1						
CASA di vigilia. Les a condensables acquises any inclusive model forem to an inclusion the law amount of the condensables and the conde								-	
WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS	ILL?								
REASON FOR REQUESTING DAY CARE PLACEMENT							and an an appear of the second state and the second second second and the second secon	/	
PARENT'S SIGNATURE						en e	DATI	Ē	
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