



## GETTING TO KNOW YOUR CHILD

Please help me get acquainted with your child by completing these questions:

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

What are your child's favorite toys or characters? \_\_\_\_\_

\_\_\_\_\_

Describe your child's personality and temperament, using only adjectives:

\_\_\_\_\_

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

\_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

\_\_\_\_\_

Does your child have any food allergies or sensitivities? \_\_\_\_\_

\_\_\_\_\_

Has your child had any feeding problems (be specific)? \_\_\_\_\_

\_\_\_\_\_

Has your child had any sleeping problems (be specific)? \_\_\_\_\_

\_\_\_\_\_

Please describe your child's current napping pattern: \_\_\_\_\_

\_\_\_\_\_

Do you have any special ways of putting your child to sleep? \_\_\_\_\_

\_\_\_\_\_

Does your child usually cry when going to sleep? \_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_

\_\_\_\_\_

Has your child had any serious illnesses? \_\_\_\_\_

Has your child had any surgical procedures (be specific)? \_\_\_\_\_

\_\_\_\_\_

Does your child take any medications on a regular basis (be specific)? \_\_\_\_\_

\_\_\_\_\_

Please provide any additional information about your child that would be helpful in  
providing them the best care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_