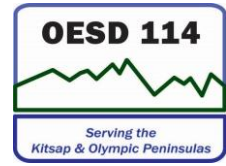




Olympic Educational Service District 114
105 National Avenue North, Bremerton, Washington 98312
(360) 478-6887 • 1-800-201-1300 • FAX (360) 405-5808



WELLNESS ASSESSMENT

Date Completed: _____

Child's Name: _____ Date of Birth: _____
Medical Insurance: _____ Primary Care Provider: _____
Dental Insurance: _____ Dental Provider: _____
Date of last Well Child Exam: _____ Date of last Dental Exam: _____
Up to Date on Immunizations: Yes No Other Specialists: _____

PLANNING QUESTIONS

YES	NO	Does your child have a life threatening health condition (i.e. diabetes, asthma, allergies, seizures,) or special health care concerns? If YES , please explain: _____

		If yes, would medication be necessary in the classroom/center? YES NO
		If yes, what type/dose? _____
YES	NO	Does your child take any medications on a regular basis?
		If yes, would this medication be necessary in a 72-hour emergency? YES NO
		If yes, what type/dose? _____
YES	NO	Are there any foods your child cannot eat for medical, cultural or religious reasons?
		If yes, please list: _____

Were there any health concerns during pregnancy? If **YES**, please explain: _____

Were there special conditions at birth (*born early, health concerns, medical diagnosis, difficulty sucking/eating, etc.*)? If **YES**, please explain: _____

Do you have any concerns about your child's growth or development? If **YES**, please explain: _____

Do you have any concerns about your child's vision? If **YES**, please explain: _____

Do you have any concerns about your child's hearing? If **YES**, please explain: _____

Do you have any questions or concerns about your child's oral health? If **YES**, please explain: _____

Talk about mealtimes. What are your child's favorite foods? What makes mealtime enjoyable, challenging? _____

Who is your support system? _____

Would you or anyone in your family like safety information about car seats and/or road safety for children? _____

Do you or anyone in your family want information about substance abuse and treatment (tobacco, alcohol, drugs)? _____