



# 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: \_\_\_\_\_

Other Specialists: \_\_\_\_\_

Up to Date on Immunizations:  Yes  No    Receive WIC?  Yes  No    Receive SNAP?  Yes  No

## CLASSROOM 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? **YES NO**

If **yes**, what type/dose? \_\_\_\_\_

**YES NO** Does your child take any medications on a regular basis? **YES NO**

If **yes**, would 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: *(only complete the first time completing this form)*

Were there special conditions at birth *(born early, health concerns, medical diagnosis, difficulty sucking/eating, etc.)*?

If **YES**, please explain: *(only complete the first time completing this form)*

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? \_\_\_\_\_

Is there anything your family needs urgently? (car safety, drug/alcohol/tobacco related, housing or food supports?)