

Child Health/Social History Form – One For Each Child

Name of child _____ DOB _____

Placement Date _____ Placement Name _____

Caseworker Name & Contact Information: _____

My child's doctor is _____ Dr.'s phone # _____

Dr.'s address _____ Next medical appointment _____

My child's dentist is _____ Dentist's phone# _____

Dentist's address _____ Next dental appointment _____

My child's eye doctor is _____ Dr.'s phone # _____

Dr.'s address _____ Next vision appointment _____

Please list ANY and ALL allergies and any reactions (be sure to include medicine as well as food) _____

Please list ANY and ALL medications your child takes, including dosage and what it is for _____

Does your child have any immediate or ongoing medical/mental health needs that we should be aware of?

Is your child current on their immunizations? If no, please explain why _____

Is your child covered by Medicaid or private health insurance? Please provide information _____

Please provide daycare/school/after-school program information _____

What name does your child like to go by? _____

Is there a nightly routine (such as normal time for bed, bedtime reading, and prayers, special stuffed animal, blanket, music, night light etc). _____

Does your child sleep through the night? Yes _____ No _____ If not, what is the best way to help him/her? _____

Does your child wet the bed? _____ If yes, how is this handled? _____

Does your child have any fears? Please explain _____

How do you provide your child comfort? _____

Are there any special toys or games your child likes to play? _____

Are there any specific foods that your child likes? _____

Any specific foods your child will not eat? _____

What does a normal breakfast, lunch and dinner consist of? _____

Are there any meal time routines or chores? (Prayer before meal? Setting table? TV during meals etc...) _____

What does your child's weekend routine look like? _____

My child attends _____ religious services.

I am comfortable with my child attending _____ religious services.

What is your child's favorite game? _____

Favorite sport? _____

Favorite TV program? _____

Are there any friends or extended family members you would like for your child to keep in contact with, with prior approval from your Social Worker? Include relationship, name and contact information. _____

Does he/she have a pet at home? _____ If yes, what kind? _____ Name? _____

Is there anything else you think we should know about your child to make him/her feel more safe and secure? _____

A copy to be given to foster parents upon placement or at the very least information provided verbally. Please input into UNITY.