THE BLACK BELT ACADEMY

Child Health and Development Questionnaire

Child's Full Name: _____ Date: _____

Date of Birth: _____ Race: _____ Sex: _____

Name of Parent or Guardian completing the form: _____

Please answer the questions on this form. We feel this information will help us be more effective in working with your child.

Childhood diseases child has had:	Date
☐ Chicken Pox	_____
☐ Measles	_____
☐ 3 day (Rubella)	_____
☐ 10 day (Rubella)	_____
☐ Scarlet Fever	_____
☐ Rheumatic Fever	_____
☐ Mumps	_____
☐ Strep Throat	_____
☐ Hepatitis	_____

Surgery: _____ Date: _____

Is your child taking over-the-counter or prescribed medication regularly at home? ☐ Yes ☐ No

If Yes, what? _____

Last any known allergies to food or environment _____

What is the allergic reaction? _____

Have you ever suspected or has your child had seizures? _____

Does your child dislike any foods? ☐ Yes ☐ No If Yes, what? _____

What is your child's favorite activity at home? _____

Does your child have temper tantrums?	☐ Yes	☐ No
Does your child bite his/her nails?	☐ Yes	☐ No
Twist his/her hair?	☐ Yes	☐ No
Does your child complain of being ill often?	☐ Yes	☐ No
Does your child have a regular playmate?	☐ Yes	☐ No

☐ Same Age ☐ Older ☐ Younger

Does your child gets along well with groups of children?	☐ Yes	☐ No
Is he/ she more of a loner?	☐ Yes	☐ No

If you would describe your child in one word, what could it be? _____

Please list your child's strong points such as happy,curious,loving. _____

Is there anything else,medical or otherwise we need to know about your child? _____

Address: 10635 Braddock Road, Fairfax, VA 22032 Phone: 703-273-5517 Email: info@bbafairfax.com