

Wyandotte County Infant Toddler Services
Child & Family Information Form

Child's Name: _____ DOB: _____
 First **Middle** **Last**

Phone Number: _____ What is better: call text

Best time to reach you/meet: _____

ADDRESS: _____

Things to consider: apartment/house/duplex, parking, animals, other people in the home, safety concerns...?

School District: _____

SPARK: Yes / No

LANGUAGE:

Primary Language of Parent: _____ Primary Language of Child: _____

Reason for referral/Parent Concern:

Insurance: Medicaid (*remind them we will need to see the card*)

Medicaid Number: _____

Private

Other

Primary Provider: _____

PCP Contact Information: _____

Any other community providers you are working with:

INITIAL OUTREACH NOTES:

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CAREGIVER INFORMATION

Caregiver 1: _____
DOB: _____
Relationship to child: _____

Address: _____

Phone: _____

Email: _____

Caregiver 2: _____
DOB: _____
Relationship to child: _____

Address: _____

Phone: _____

Email: _____

Additional caregivers and contact information (*family members, friends, daycare...*):

Emergency Contact Name: _____

Phone Number/Address: _____

Relationship: _____
make sure to get a ROI for the emergency contact at intake

Who Lives in the Home (names, age, relationship):

Other immediate family members not currently living in the home (*siblings, biological dad/mom*)

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CHILD HEALTH INFORMATION

Pregnancy & Birth History (*prenatal care [if so, where?], complications, mom's supports, alcohol/drug use by mom during pregnancy, gestational age, type of delivery [vaginal or C-Section], hospital, birth weight, newborn screens, complications, NICU stay, etc*):

Current Medical Conditions or Health Issues (*health precautions, recurrent illness, allergies, hospitalizations, medications, swallowing precautions, monitors or devices, etc*)

Oral Health (*have they been seen by a dentist, if so, who/when, any concerns*):

Family History (*significant medical history, exposure to smoking, environmental risk factors [ex: domestic violence, child protective services, law enforcement, substance abuse], family mental health history...*)

Immunizations up to date: Yes No

Last Well Child/Kan-Be Healthy: _____

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NUTRITION SUMMARY

Current Weight & Length:

Concerns with weight gain or loss: Yes No

If yes, explain:

Are you using WIC? Yes No

Feeding & Mealtimes (*breastfed or formula, what do they drink from [e.g. bottle, cup, open cup], how often to they eat, do they eat enough, are the picky, etc*)

Difficulties (*ex: reflux, gagging, frequent constipation/diarrhea, stuffing foods, vomiting, etc*) :

Special Considerations (*feeding equipment, diet restrictions, intolerances, food allergies, metabolic disorders, etc*) :

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SOCIAL EMOTIONAL

Has anyone ever expressed concerns about your baby/child's behavior: Yes No
Please explain (*excessive crying, self regulation/calming skills, tantrums, etc*)

Does your child's behavior affect your ability to go out in the community? Yes No
If yes, please explain.

How would you describe your baby/child's temperament? Easy Active Cautious

Easy children tend to be happy, regular in sleeping and eating habits, adaptable, calm, and not easily upset.

Active/Feisty children may be fussy, irregular in feeding/sleeping habits, fearful of new people and situations, easily upset by noise and stimulation, and intense in their reactions.

Cautious/Slow to warm children may be less active or tend to be fussy, and may withdraw or react negatively to new situations; but over time they may become more positive with repeated exposure to a new person, object, or situation.

Have you noticed any differences in their temperament as they have grown? Please explain.

How would you describe your attachment to your child?

Does your child show interest in playing with others; how do you know? (*If < 6 months, does s/he watch you talk, listen/respond to being talked to, like to be picked up/held? How do you know?*)

Do others show interest in playing with your child; how do you know? (*If < 6 months, do they watch others and seem interested in their surroundings?*)

Does your child display or seek affection and/or show empathy (*hugs, kisses, comforts others, etc*) ?

How does your child communicate they need help, attention, or comfort?

FAMILY STRENGTHS (what do you feel like you are doing well, what does your child do well)

NATURAL SUPPORTS (ex: family, friends, community groups, church, etc

RESOURCE/SUPPORT NEEDS (do you feel you have the support you need, what's missing, what do you feel you need right now?)