



Hand in Hand
3860 Middle Road
Bettendorf, Iowa 52722
email us: info@handinhandqc.org
Phone: (563) 332-8010 Fax: (563) 332-7396

Health and Development information

Parents/Guardians, please answer the following questions as completely as possible.

Child's information:

Child's name (please print): _____

First Middle Last

Preferred name or nickname: _____

Date of Birth: _____ Age: _____ Male: _____ Female: _____

Hair color: _____ Eye color: _____

Mother/Guardian's name: _____

Father/Guardian's name: _____

Physician Information:

Name of child's physician: _____ Phone: _____

Address: _____

Name of child's dentist: _____ Phone: _____

Address: _____

General Health Information:

Is your child currently taking any medication(s)? _____ If yes, please list below:

Medication name: _____ Reason for taking: _____

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Has your child ever been hospitalized? _____ If yes, please explain with dates:

Has your child had any surgeries? _____ If yes, please list with dates: _____

Does your child have any allergies? _____ Please specify: _____

Please explain your child's developmental/learning delays _____

Does your child have seizures? _____ What do his/her seizures 'look' like? _____

Does your child have any dietary restrictions *due to a documented medical condition*, such as diabetes or food allergies? _____

Please note any other food restrictions or requirements _____

Does your child have any other health related condition(s) we should be aware of?

Is your child verbally able to express his/her needs to others? _____

Please list other methods of communication you child uses _____

Is your child toilet trained? _____ How does he/she indicate a need to use the bathroom? _____

How does your child feed him/herself? (please check one):

Independently _____ With hand-over-hand assistance _____ My child needs full assistance to eat _____

Please describe the method you use to feed your child at home _____

How does your child respond to direction/instruction? _____

What discipline/consequence methods are effective for your child at home? _____

Thank you for completing the above information. It helps us become better acquainted with you child's needs so we may provide him/her with the highest quality care. Please keep us updated about any changes to your child's health or development as it relates to his/her care needs. Thank you!

Signature of Parent/Guardian

Today's date

Hand in Hand is a non-profit organization that assists families with special needs. We exist to expand the capabilities, confidence and quality of life for children and young adults of all abilities by providing programs designed to encourage fun, learning and social interaction in a positive environment.