DAILY ROUTINES (*For infants	s and prescribor-age	s children chily)			CHILD'S PRE
WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*		DOES CHILD SLEEP WELL?*		
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*		HOW LONG?*		
DIET PATTERN: (What does child usually eat for	PARENT JAUTHORIZED REPRESENTATIVE NAME				
these meals?)	LUNCH				
	PARENT/AUTHORIZED REPRESENTATIVE NAME				
WHAT ARE USUAL EATING	BREAKFAST				
HOURS?	LUNCH				
	STHAS CHILD BEEN UNDER REGULAR SUPERVISION FRANCE				
ANY FOOD DISLIKES?	ANY EATING PROBLEMS?				
	F YES, AT WHAT STAGE:*	MOVEME	NTS	WHAT IS USUAL TIME?*	
WORD USED FOR "BOWEL MOV	VEMENT"*	WORD USED FO	OR URINAT	ION*	
oily approximate dates of	dinas had and spe	isses that child	heck illne	3 — 8	PASTILLNESSE
PARENT / AUTHORIZED REPRES		C Diabetes C Epilepsy			umesses: □ Chicken Pox □ Astrima
그 마음하다 하는데 사이 아이라이 아이는 아니라 하는데 얼마를 하는데 얼마를 하는데 되는데 하나 나를 하는데 되었다.	F YES, NAME OF OOCTOR:	DOES CHILD PRESCRIBED MEDICATION DYES DNO) (S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:	
OES CHILD USE ANY PECIAL DEVICE(S): YES DNO		DOES CHILD I SPECIAL DEV HOME?	ICE(S) AT	[12] : [17] [17] [17] [17] [17] [17] [17] [17]	