

Po Leung Kuk Social Services Department(Babies Section)
Happy Baby Land Temporary Child Care Service

Health of Child

Name of Child : _____ **Sex / Age :** _____

1. Health condition

- 1.1 General health condition : normal / weak
- 1.2 Frequent suffering from illnesses : _____
- 1.3 Previous record of special / serious illnesses : _____
- 1.4 Present illnesses : _____
- 1.5 Current Medication : _____

2. Eating Habit

- 2.1 Amounts : _____
- 2.2 Food likes / dislikes : _____
- 2.3 Allergy : _____
- 2.4 Able to self-feed / feed by others / assist to feed : _____
- 2.5 Milk formula : _____

3. Sleeping Habit

- 3.1 Special habit, please indicate : _____

4. Toileting

- 4.1 Go to toilet by self / using diapers Size of diapers : _____
- 4.2 Average no. of bowel elimination : _____
- 4.3 Other information related to toileting : _____

5. Emotions and behavior

- 5.1 General emotional state :
 _____ stable / excited / nervous / frequent crying / quiet / with temper _____

Others, please state : _____