Notes on filling out this form:
Please fill in or mark with a cross ☒

MEDICAL HISTORY QUESTIONNAIRE

Answering all or just individual questions is voluntary!

Child's family name	Child's first name	Born on	Nationality	Number of other siblings
Native language (Mother/ Father)	Native language(Father/ Mother)	Number of adults in the household	Has been atte	ending a crèche/ ergarten for
				years
Name and address of parent or legal guardian				
Family name Place of residence/postcode				
Street, house number Phone.				
Pregnancy and birth				
Birth weight: IIII grs. Completed pregnancy weeks: III PWs				
Development				
Has any delayed development <u>ever</u> been determined in your child? □Yes □No				
Speech disorder during development				
First words (such as mum, dad	<i>I</i> , <i>car</i>) by 18 months □Yes □	No Child grows up m	ultilingual	□Yes □No
In contact with the German language ☐ from birth ☐ not from birth				
If not in contact with the German language from birth, from which age? II years II_I months				
Is your child □ right-handed □ left-handed □ still undecided				
Does your child have or has your child had one of the following illnesses or health impairments?				
Visual impairment ☐ Yes ☐	No Strabismus treatr	ment □Yes □No	Glasses	s □Yes □No
Does your child suffer from severe hearing impairment? ☐Yes ☐ No				
If Yes, please answer the following questions:				
☐ Severe congenital hearing impairment ☐ left ear ☐ right ear				
☐ Acquired chronic hearing impairment ☐ left ear ☐ right ear				
☐ Wears hearing aid since	left ear	Month/year right ear	Month/y	ear
☐ Wears cochlear implant	since left ear	Month/year right ear	Month/y	rear
Rare congenital metabolic or hormone disorders: \square No \square Yes (which?):				
□ MCAD deficiency □ Hypothyroidism □ PKU □ CAH □ Cystic fibrosis □ Diab. mell. (type 1) □ Diab. mell. (type 2)				
Other chronic illnesses:	□No	☐ Yes (which?)		
Severe handicap:	□No	☐ Yes (which?)		
Must take the following medica	ition regularly: □No	☐ Yes (which?)		
Are you aware of illnesses your child may have that require specific procedures in emergency situations				
(e.g., allergies, epilepsy, etc.)?		Yes		
If Yes, which?				
Has your child ever had any of the following assistance measures or treatments?				
Participation in German prep	classes \Box	No ☐ Yes		
		No ☐ Completed	I ☐ Ongoing	g 🔲 Planned
Remedial education/orthopaedagogy/ergotherapy		No ☐ Completed		-
Physiotherapy		No ☐ Completed	I ☐ Ongoing	g 🛘 Planned
Family doctor/pediatrician:				

Place, Date

Parent's or legal guardian's signature