

PRE-K HEALTH INQUIRY FORM

ID: _____

Did your twins have any serious illnesses in the last year?

Twin1: _____

Twin2: _____

Did your twins have any accidents in the last year?

Twin1: _____

Twin2: _____

added: Twin Medications

Do your twins have any problems with?

Allergies: Twin1: _____ mild moderate severe

Twin2: _____ mild moderate severe

Asthma: Twin1: _____ mild moderate severe

Twin2: _____ mild moderate severe

SPEECH: Twin1: yes no mild moderate severe

Twin2: yes no mild moderate severe

Explanation: _____

VISION: Twin1: yes no mild moderate severe

Twin2: yes no mild moderate severe

Explanation: _____

HEARING: Twin1: yes no mild moderate severe

Twin2: yes no mild moderate severe

Explanation: _____

BEHAVIOR: Twin1: yes no mild moderate severe

Twin2: yes no mild moderate severe

Explanation: _____