



FAMILY HISTORY

This form is to be completed in full. All information is regarded as strictly confidential.

1. LEARNER DETAILS

Surname	
First Name(s)	
Nickname (if any)	
Date of Birth (day/month/year)	
Gender	Male/Female
Marital status of parents	Single/Married/Separated/Divorced
Learner is living with	Both parents/Father/Mother/Grandparents/Guardian

2. LEARNER'S MEDICAL HISTORY

	Yes	No	Details
Were there any prenatal complications?			
Was delivery full term?			
Were there any complications at birth?			
Were there any post natal complications/problems?			
Did your child reach all developmental milestones?			
Has your child ever been hospitalised?			
What illnesses/diseases (childhood or otherwise) has the child had?			
Does the child currently suffer from any medical condition?			
Has or does the child suffer from any allergies?			
Does the child tire easily?			

Has your child experienced problems with any of the following:	Yes	No	Details
Hearing			
Visual			
Speech			
Muscle or Bone			
Emotional			
Psychological			
Adaptability			
Distractibility / Concentration			
Behavioural problems			
Other			
	Yes	No	Details

Is the child undergoing any form of therapy?			
Does the child respond well to new things?			
Have you noted any difficulties in the child's development?			
What are the child's strengths?			
What are the child's hobbies or interests?			
Any sports / activities your child does outside of school?			

3. SIBLING DETAILS

Only Child		Yes	No		
Name		Age		School	
Name		Age		School	
Name		Age		School	
Name		Age		School	

Are any siblings undergoing any form of therapy or have any medical condition (OT, Speech therapy, etc.)?	Yes	No	Details
If yes, please submit relevant reports			

4. PARENTAL HISTORY

	FATHER	MOTHER
Surname		
Full Names		
Nationality		
Occupation		
Current Medical conditions		
Medical conditions prevalent in the family		
Highest grade attained in school		
Tertiary Qualifications		
Schooling or Learning difficulties		
Other		

FATHER'S SIGNATURE	MOTHER'S SIGNATURE