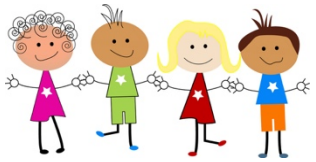
ABOUT MY CHILD • PHYSICAL THERAPY

Today's Date: ___/___/___

Child's Name: _____



Date of Birth: ___/___/___

Height: ___' ___" **Weight:** _____ **lbs**

How did you hear about us? _____

Emergency contact: _____ Phone: (___) ___-____
Relationship: _____

In your own words, please explain why your child needs physical therapy and state what you would like them to accomplish: _____

_____

_____

Non-English language(s) spoken at home: _____

First names and ages of siblings: _____

Does your child use any equipment or orthotics? _____

Has your child ever received any other therapy or services? (occupational therapy, speech therapy, counseling, etc.) _____

Illnesses currently being treated: _____

_____

_____

Medications currently taken: _____

_____

_____

School name: _____ Grade: _____

List any extra-curricular activities, clubs, lessons, etc.: _____

_____

What are a few of your child's interests and hobbies? _____

_____

MEDICAL HISTORY

Check either yes or no and specify the approximate age:

	Yes	No	Age		Yes	No	Age
Autism				Immunization reactions			
Allergies				Genetic disorder			
Birth complications			--	High fevers			
Behavioral problems				Hospital stays			
Childhood illnesses				Orthopedic injuries			
Convulsions (seizures)				Restrictive diet			
Ear/hearing problems				Surgeries			
Eye/vision problems				Swallowing problems			
Head injuries				Other:			

If yes to any of the above, explain: _____

_____

_____

DEVELOPMENTAL MILESTONES

To your best knowledge, indicate the age at which your child reached the following milestones. If you cannot recall the exact age, check the approximate time.

	Age	Early	Normal	Late
Smiled				
Rolled to stomach				
Sat without support				
Crawled				
Stood holding onto something				
Stood without support				
Walked without assistance				
Climbed stairs without assistance				
Rode tricycle				
Rode bicycle (without training wheels)				
Skipped				

If there is any other information or concerns you would like to share, please do so here: _____

_____

_____

_____