



Medical History

Please complete the following questionnaire so that I can gather more information about your child as part of the evaluation. Please do not worry if you can't answer all the questions. Thank you!

Child's Name: _____

Sex: Male Female Date of Birth: ___/___/___

Name of Person Completing the Questionnaire: _____

Relationship to the child? _____

Parents/Guardian's Names: _____

Who does the child live with? _____

Pregnancy: Normal Difficult

Age of mother during pregnancy: ____

Term: Full Term Pre-mature (# of Weeks gestation) ____

Delivery: Caesarian Vaginal

Birth Weight: ____

Hospital of delivery _____

Please describe any complications during pregnancy or during birth:



Has your child received therapy previously? If so, please indicate dates as well as type (clinic, school, etc.)

Describe child's current health: _____

Height: ____ Weight: ____

Last Physician's Examination: _____

Pediatrician: _____

Please list all surgeries, hospitalizations, and major illness since birth:

Date: ____/____/____ Reason. _____

Date: ____/____/____ Reason, _____

Date: ____/____/____ Reason _____

Please list any medical condition your child has been diagnosed with: _____

Please list current medications: _____

Amount. _____ Frequency _____

Please list any known allergies:

Does your child have any assistive devices?

Please list: _____

Has your child had:

Formal hearing evaluation? Yes, No



If yes, results? _____

Formal vision evaluation? Yes No

If yes, results? _____

Age your child first:

Rolled over sat crawled walked finger fed used a spoon

First words Gained bladder control: day night

Gained bowel control: day night

Describe sleep habits: _____

Describe eating /drinking habits: _____

Describe dressing and hygiene skills: _____

Describe Communication Skills: _____

Describe Developmental Concerns: _____

List activities that your child enjoys: _____



Please use this space to clarify any of the above or list any other concerns you wish to address:

What is your goal for therapy?

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