



Pediatric Intake History

Please take a moment to fill out the following questions as accurately and truthfully as you are able. This information will greatly improve our ability to understand your rehabilitation goals for your child. If you need any assistance with any part, please contact the front desk upon checking in for your appointment.

Child's Name _____ D.O.B. ___ / ___ / _____

Sex M / F Parent/Guardian Name(s) _____

Briefly describe your reasons for this evaluation. _____

What are your goals for your child's therapy? _____

BIRTH/NEWBORN HISTORY.

Weeks gestation _____ Birth weight _____ lbs _____ oz

How was your child delivered? *Please circle.* Vaginal C-Section

Were there complications during the pregnancy or delivery? Yes / No *(If yes, please describe.)* _____

Was there a need for O2/ventilator, tube feedings, surgery, NICU, or any special care following delivery?

Yes / No *(If yes, please list.)* _____

MEDICAL HISTORY.

What specific medical conditions or diagnoses does your child have? _____

Please list all physicians involved in your child's care _____

Please list current medication _____

Please list any hospitalizations, surgeries, or diagnostic tests performed _____

Please list any allergies or precautions (ie: seizures) your child may have _____

DEVELOPMENTAL HISTORY.

Please list ages that your child was able to: **Roll** _____ **Sit alone** _____ **Crawl** _____ **Walk** _____

Do you feel like your child is able to keep up with his or her peers of the same age? Yes / No

If not, what limitations does your child have? _____

Does your child attend school? Yes / No

Has your child received therapy in the past? Yes / No *If yes, circle type* ECI / School / Private

Date & location of last therapy visit _____

Does your child require any special equipment? Yes / No *If yes, please describe.* _____

Please use the space below to share any additional information you'd like us to know about your child.

Parent/Guardian Signature _____ **Date** _____

Therapist reviewing form _____ **Date** _____