

Physical Therapy Intake

General Information:

Child's Name: _____ Child's Date of Birth: _____

Gender: ____ Male ____ Female

Home Address: _____

Parent/Guardian 1 Name: _____ Parent/Guardian 1 Phone # _____

Parent/Guardian 2 Name: _____ Parent/Guardian 2 Phone # _____

Pediatrician Name: _____ Pediatrician Phone # _____

Primary Language: _____

Please answering the following to the best of your ability:

1. What are your main concerns for your child at this time and when did they start?

2. Has your child received any previous or current evaluations/services? Yes/No
 - i. If yes, please indicate which services (physical therapy, occupational therapy, speech therapy, behavioral therapy) and for how long.

Birth History

Child was born: ____ full-term or ____ premature; If premature, how many weeks? _____

Were there any complications with labor and delivery?

Was your child placed in the Newborn Intensive Care Unit (NICU)? If so, how long?

Please describe any other medical problems or complications at birth?



Medical History

Current diagnoses: _____

Hospitalizations: ____ Yes ____ No; If yes, please describe _____

Surgeries: ____ Yes ____ No; If yes, please list _____

Any Allergies? ____ Yes ____ No; If yes, please list _____

Currently taking medications? ____ Yes ____ No; If yes, please list _____

Does your child use any medical equipment or assistive devices (walkers, orthotics, braces, splints)?
____ Yes ____ No; If yes, please describe _____

Any visual or auditory concerns? ____ Yes ____ No; If yes, please describe _____

Educational History:

School/Educational program currently attending: _____

Present Grade level: _____

Does your child receive any special services in school? ____ Yes ____ No; If yes, please describe _____

Developmental History

Please indicate at what age your child achieved the following milestones:

*Mark N/A for those which your child has not achieved yet

Rolled over _____

Pulled to stand _____

Sat independently _____

Stood Independently _____

Crawled _____

Walked independently _____

