



Children's  
of Alabama

# Physical Therapy & Occupational Therapy Information Form

Date: \_\_\_\_\_ Therapist(s) being seen: \_\_\_\_\_  
 Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ MR# \_\_\_\_\_  
 Diagnoses: \_\_\_\_\_ Referred by: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Caregiver's name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Caregiver's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **Birth History:**

Full term  No problems  Complicated  Premature  
 Birth weight: \_\_\_\_\_

### **Delivery:**

Vaginal delivery  Forceps  Caesarian  Oxygen  
 Meconium aspiration  Other complications: \_\_\_\_\_

### **Postnatal period:**

Baby was blue  Jaundiced  Difficulty with feeding  
 Length of hospitalization: \_\_\_\_\_  
 Other: \_\_\_\_\_

Vision screen normal:  Yes  No

Hearing screen normal:  Yes  No

### **Motor development: Please note ages when these were learned:**

Sat without help: \_\_\_\_\_  
 Crawling \_\_\_\_\_  
 Creeping \_\_\_\_\_  
 Walking \_\_\_\_\_  
 Toilet trained \_\_\_\_\_

Is child awkward/uncoordinated:  Yes  No

Explain: \_\_\_\_\_

### **Eating:**

Trouble swallowing:  Yes  No

If yes, describe: \_\_\_\_\_

Drooling  Yes  No

Choking  Yes  No

Uses spoon  Uses fork  Uses regular cup

Other cup: \_\_\_\_\_

What food does your child like to eat: \_\_\_\_\_

### **Play/Social Skills:**

Child's favorite toy: \_\_\_\_\_

Plays with kids their own age: \_\_\_\_\_

Hard to discipline:  Yes  No

Rules for behavior: \_\_\_\_\_

Too active  Poor attention

Names and ages of Brothers/Sisters: \_\_\_\_\_

### **Medical history:**

Pediatrician: \_\_\_\_\_

Immunizations up to date:  Yes  No

### **Hospitalization/Surgeries:**

Yes  None

Date \_\_\_\_\_ Reason \_\_\_\_\_

### **Diagnostic Evaluations (MRI, CT, Xray, MBS)**

Yes  None

Dates: \_\_\_\_\_

### **Illnesses:**

Allergies  Latex allergy  Asthma  Cleft palate

Seizures

Ear infections  Heart problems  Pneumonia  Vision difficulties

Hearing difficulties

### **Therapy:**

PT  OT  Speech

Where: \_\_\_\_\_

### **Academic: list current placement**

Daycare  Preschool ; How long: \_\_\_\_\_

Teacher concerns: \_\_\_\_\_

School aged: Grade: \_\_\_\_\_ School: \_\_\_\_\_

Special education

Teacher concerns: \_\_\_\_\_

Academic testing results: \_\_\_\_\_

Diagnosed with Attention Deficit disorder; Where: \_\_\_\_\_

Treatment: \_\_\_\_\_

### **Dressing/Bathing Skills:**

Dresses self  Toilets by self  Bathes self

Needs help with: \_\_\_\_\_

### **Communication:**

Verbal  Sign language  Tells you if in pain

Preferred language: \_\_\_\_\_

What calms child: \_\_\_\_\_

How do you know child is happy: \_\_\_\_\_