Developmental Pediatric Therapy Clinic
Patient History

Name: _____ Age: _____ Evaluation Date: _____

Reason for Evaluation: _____

Birth History:

Did you experience any problems during pregnancy? _____ If yes, explain: _____

_____

Was pregnancy full term? _____ If not, how many weeks? _____, Reason?_____

Was delivery: Natural/Vaginal? _____ Induced? _____ Caesarean Section?_____

APGAR Scores, if known. 1 Minute: _____ 5 Minutes: _____

Birth Weight: _____ pounds, _____ounces Birth Length: _____ inches

Did baby breath spontaneously? _____, If not, what was done? _____

Anything exceptional in baby's condition? Bruising? _____ Deformities? _____ Seizures? _____

Other?_____ Please describe: _____

How long was baby in hospital? _____ Neonatal ICU? _____

Developmental History:

Were any of the following problems in early infancy? Vomiting ____ Colic ____ Diarrhea ____ Constipation ____

Did your child suffer from frequent Colds/Cough/Congestion? _____

Where there any feeding problems, such as difficulty with: Sucking _____ Swallowing _____ Weight gain _____

Describe personality in infancy and now: _____

Describe activity in infancy and now: _____

At approximately what age, in months, did child attain these milestones? Push up on arms while on tummy _____

Roll both directions _____ Sit when placed _____ Come to sit alone _____ Crawl on belly _____

Creep on hands/knees _____ Pull to stand _____ Walk _____

Does your child prefer his/her left or right hand? Right _____ Left _____ Neither _____

Who is the child's primary caretaker? _____

Medical History:

Has child had any serious illnesses, hospitalizations or surgery? _____ Explain: _____

_____

Does your child have seizures? _____

What medications is child currently taking? _____

Does your child have, or do you suspect allergies? _____

Has child's vision been checked? _____ Results: _____

Has child's hearing been checked? _____ Results: _____

Does child have frequent ear infections? _____ Explain: _____

What are your greatest concerns regarding your child? _____