

Initial Visit (Child)

Patient Name: _____ **Referred by:** _____

Date of Birth: _____ **Primary Care Physician:** _____

HISTORY OF PRESENT ILLNESS

Describe your primary concerns at today's visit:

PAST MEDICAL HISTORY

List your child's diagnosis, major illnesses and chronic conditions:

Birth History:

Weeks at delivery _____ Birth weight: _____ lbs. _____ oz.

List any complications during pregnancy or delivery:

List other doctors (and specialty) who have treated your child:

List most recent imaging studies your child has had: (x-ray, MRI, CT scan)

List medications your child is currently taking:

Medication	Dose	Frequency

List any known allergies to medication, food or environment and type of reaction:

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Symptoms	Yes	No	Symptoms	Yes	No
Fever			Muscle/joint pain		
Sleep problems			Fractures		
Vision problems			Scoliosis		
Hearing problems			Skin breakdown		
Dental problems			Headaches		
Coughing/choking with eating			Seizures		
Breathing problems			Hydrocephalus/shunt		
Abdominal pain			Depression/anxiety		
Nausea/vomiting			Attention problems		
Constipation			Irritability		
Difficulty gaining weight/Nutritional concerns			Difficulty managing child's cares		

***Please explain if you marked yes to any of the above symptoms;**

Family History:

Is there any family history of neurological or musculoskeletal conditions? Yes No

Functional History:

How does the patient eat? Orally Orally with tube-fed supplements Tube-fed

How does the patient get around at home and in the community?

How does the patient do self-care?

Feeding	Independent	Needs Help	Dependent
Dressing	Independent	Needs Help	Dependent
Toileting	Independent	Needs Help	Dependent

How does the patient use his/her hands?

Right Hand	Uses well	As an assist	No use
Left Hand	Uses well	As an assist	No use

How does the patient communicate wants and needs? (Check all that apply)

Words Gestures Crying Sign Language Communication device

Check any therapy your child is receiving: Physical Occupational Speech Other

Social History

What type of classrooms is your child currently in?

Regular classroom Regular and Resource classroom Resource classroom