

Birth and Medical History

Please describe mother's general health during pregnancy (illness, accidents, medications, etc.):

Length of Pregnancy:

Length of Labor:

Child's general condition at birth:

Birth Weight:

Birth Length:

APGARS (if known):

Length of Hospital Stay:

Other important information about birth:

Please list any hospitalizations/surgeries:

DATE	HOSPITAL / LOCATION	ILLNESS / SURGERY	RESULT / RECOMMENDATION

Does your child have a history of ear infections? YES NO

If so, approximately how many?

Does your child have pressure equalization tubes? YES NO

Does your child have a history of any allergies? YES NO

If so, what?

Permission for First Aid

I give Chicago Pediatric Therapy & Wellness Center staff members permission to administer First Aid to my child,
in case of illness, minor accident or injury.

Parent/Legal Guardian Signature

Date

This consent is valid until discharge from services at Chicago Pediatric Therapy & Wellness Center.

Please list any physicians following your child:

NAME	SPECIALTY	PHONE NUMBER	VISIT FREQUENCY

Please list any medications your child takes:

MEDICATION	DOSAGE	REASON

Developmental History

At what age did your child do the following:

Roll _____ Sit independently _____ Crawl _____ Stand _____ Walk _____
 Babble _____ Feed Self _____ Dress Self _____ Use Toilet _____
 Imitate Single Words _____ Name Simple Objects _____ Use 2-word Phrases _____
 Ask Simple Questions _____ Engage in Simple Conversation _____

Does your child have any motor difficulty such as walking, running, or participating in other activities which require small or large muscle coordination? YES NO

If yes, please describe: _____

Does your child have a history of or currently have difficulties with feeding or mealtime? YES NO

If yes, please describe: _____

Sleep patterns

Hours per night _____ Approximate Bedtime _____ Approximate Wake time _____
Naps/Frequency _____

How does your child communicate?

- Body Language
- Sounds (vowels, grunting)
- Gestures
- Single Words (shoe, dog, up)
- Two to Four word sentences
- Sentences longer than four words
- Other: _____

Behavioral Characteristics:

- Cooperative
 - Restless
 - Attentive
 - Poor Eye Contact
 - Willingness to try new activities
 - Easily distracted/short attention span
 - Plays alone for reasonable length of time
 - Destructive/Aggressive
 - Separation difficulties
 - Withdrawn
 - Easily Frustrated/impulsive
 - Inappropriate behavior
 - Stubborn
 - Self Abusive behavior
 - Difficulty falling asleep on his/her own
 - Difficulty sleeping through the night without waking
 - Other worth mentioning: _____
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If your child is enrolled in school, please answer the following:

Name of School: _____ Grade/Class: _____

Teacher Name: _____

If you would like us to contact or share information with your child's teacher, please provide the following information:

Phone number: _____ Email: _____

What are your child's strengths / best subjects?

Is your child having difficulty and/or receiving help with any subjects/other therapies?

What are your child's favorite interests / toys?

What are your favorite things about your child?

Other pertinent information to share: