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MEDICAL HISTORY

Patient name: _____ Date of Birth: _____

BIRTH HISTORY:

Length of Pregnancy (in weeks): _____

Delivery was: vaginal c-section emergency c-sections

Birth weight: _____ Birth length: _____

Were there any complications during pregnancy or delivery?

MEDICAL HISTORY:

Please list any significant medical history including surgeries, hospitalizations, injuries, medical conditions, etc:

Current medications:

Allergies:

When was the child's last hearing and vision test? Please list any results or concerns:

DEVELOPMENTAL HISTORY:

Please indicate if you have any concerns about your child in any of the following areas, and if so, please explain:

Feeding:

Communication:

Behavior:

Self care skills:

Gross motor skills:

Fine or visual motor skills (including handwriting):

Social interactions skills:

Sensory processing skills:

Please mark if child displayed the following developmental milestones on time, delayed, or has not yet achieved:

	ON TIME	DELAYED	NOT YET ACHIEVED
holding head up alone			
bringing both hands to mouth			
grabbing a toy			
rolling over			
sitting unsupported			
come to sitting from a lying position			
pulling self to standing position			
crawling alone			
standing unsupported			

	ON TIME	DELAYED	NOT YET ACHIEVED
walking unsupported			
dressing self			
bathing self			
fully toilet trained			
button pants/shirt			
zipping coat			
tie shoes			
ride a bike			

HOME/SCHOOL HISTORY:

Who does the child currently live with?

Is the child involved in any community groups or sports activities?

Current grade in school: _____ Name of school/daycare: _____

Does your child have an IFSP or IEP? Yes No

Do you have any concerns regarding your child's participation in school or daycare?

Has your child ever, or are they currently receiving any other therapy services (including occupational therapy, physical therapy, speech therapy, vision therapy, ABA therapy)? If so please list locations and frequency/duration of services:

Is there any thing else you would like us to know about your child?