

Pediatric Possibilities, P.A.
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Patient History

Today's Date: _____
Patient's Name: _____ Date of Birth: _____
Person completing this form: _____ Relationship: _____
School Attending: _____ Grade: _____

Patient's Developmental and Medical History:

1. Please describe your child's birth history (include birth weight, type of birth-vaginal/caesarian, induced). List any complications during pregnancy, birth or infancy _____

If adopted at what age was your child adopted? _____
Please include any information pertinent to the adoption _____

2. Please give approximate ages that your child accomplished the following developmental milestones and please comment with additional information.

Motor:

Rolled _____ Sat alone _____ Crawled _____ Cruised _____ Walked _____

Describe if your child had any difficulty achieving motor milestones. _____

3. Please list pertinent medical history: _____

4. Please describe any developmental challenges your child has faced or continues to face.

5. Does your child have any medical or school related diagnosis? If yes, please list and include who made the diagnosis and when the diagnosis was made.

6. Does your child have a history of ear infections? If yes, please describe the frequency of the occurrence and how the ear infections have been treated medically. _____

7. Does your child have any allergies? If yes, please list what your child is allergic to and how these allergies are medically managed and any behaviors your child exhibits that you think are related either to the allergies or the allergy medications.

8. Does your child currently take any medications? If yes, please list the medication, and for what condition the medication is taken. Please list any behaviors your child exhibits that you believe might be attributed to the medications. _____

9. If your child is nonverbal, please describe the frequency and types of vocalizations your child uses. _____

10. If your child is nonverbal, please describe how your child communicates and give examples. _____

11. If your child is verbal, please describe your child's verbal abilities (words clear, able to stay on topic, etc.) _____

Self-Care/Daily Routines:

Describe your child's behavior and level of independence for each of the following:

1. Meal Time (what does your child typically eat, your child's typical appetite, your child's behavior during mealtime, etc.) _____

Eat with fingers _____ Use a spoon _____ fork _____ spread with a knife _____

2. Dressing (describe how your child typically gets dressed. Include the type of clothing your child wears, how long it takes for your child dress, and your child's typical behavior during dressing). _____

Undressed self _____ Dressed self _____
Managed snaps, zippers, buttons _____ Tied shoes _____

3. Toileting skills (describe your child's level of independence, frequency of bed wetting, frequency of daytime bowel or bladder accidents) _____

4. Describe a typical bath time for your child. Include the level of independence in bathing and what your child likes and dislikes about bath time. _____

5. Hygiene skills (please describe the level of independence and behavior for each of the following:

Teeth brushing _____

Hair brushing _____

Washing hands and face _____

5. Please describe how your child makes transitions between people or environments. Include level of independence during transitions, need for transitional objects, need for advanced preparations, etc. _____

6. Describe your child's sleep habits, including bedtime routines or rituals, hard to get to bed/sleep, waking up at night, difficulty to wake in the morning. _____

Play/Social Skills

1. Please describe your child's typical play skills. Include information about the ages of the people your child chooses to play with, if your child chooses to be a leader, a follower, or prefers to play alone. _____

2. Describe what your child's favorite play activities are and the variety of toys your child plays with. _____

3. Is your child able to use playground equipment including a slide, swings (pumping), and monkey bars? Does your child catch and kick a ball, run, skip and ride a bike. Describe your child's behavior while engaged in these activities. _____

4. Does your child participate in group/community activities such as scouts or sports? Please describe your child's ability and behavior while participating in these activities.

5. Describe your child's behavior on outings such as shopping, birthday parties, restaurants, family vacations. Indicate if any of these activities are difficult for your child and explain why you think they are. _____

School/Work/Productive activities

1. Explain how your child participates in family routines and chores. Include your child's willingness and independence. Include how your child assists with picking up their toys, clothing, making their bed, puts their dishes away, etc. _____

2. If applicable, please describe how your child completes homework. Include level of independence, need for breaks, need for external supports (food, music) the amount of time typically needed. _____

3. Describe your child's ability to independently organize personal belongings (homework, bedroom, desk, etc.) _____

4. Describe your child's ability to independently keep track of personal belongings. _____

5. Is your child able to follow classroom rules, (i.e. no talking out of turn, hands to self, follow directions, completes work on time, work independently, etc.)

6. Does your child have a preferred hand for small motor activities? Right/Left

Describe how your child performs fine/visual motor activities such as holding a pencil for drawing or writing letters and numbers. Is your child able to use scissors for cutting? _____

7. Is your child able to move around the school independently, tolerate the noise in the cafeteria, attend assemblies, specials and field trips. _____

8. Does your child receive any special services at school? Please include the frequency of each (i.e. resource, speech therapy, occupational therapy) _____

1. What do you see as your child's strengths? _____

2. What are your concerns about your child? _____

3. What have you been told by doctors, teachers, and/or others about your child's abilities and needs? _____

4. What do you hope will be gained by having your child seen at this clinic? _____

5. List some interests of your child's: (Dora, Elmo, cars, etc.) _____

6. Is there any additional information you would like to share?

Thank you.