SOUTHEASTERN THERAPY for Kids
Speech, Occupational & Physical Therapy

MEDICAL HISTORY QUESTIONNAIRE

PATIENT INFORMATION

NAME:	DOB:	Age:	Weight:	Today's Date:

Reason for visit

List current medications (prescription or over the counter):

Please list any allergies your child may have:

Has your child been diagnosed with an illness or disorder? □ Yes □ No Please explain.

Has your child ever been hospitalized? □ Yes □ No Please explain.

Has your child ever had surgery? □ Yes □ No Please explain.

Has your child ever been seen for the following?

□Physical Therapy	If so, when?	What were they seen for?
□ Speech Therapy	If so, when?	What were they seen for?
□ Occupational Therapy	If so, when?	What were they seen for?

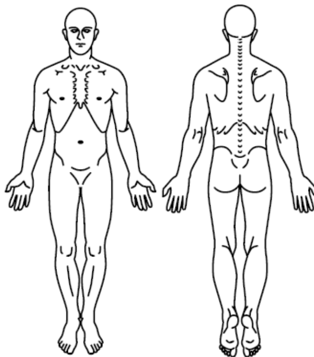
Were there any complications during pregnancy or birth? □ Yes □ No Please explain.

At how many weeks was your child born?
How much did they weigh at birth?

Please tell us at what age your child

Rolled over:	Sit up:	Crawl:
Pull up:	Stand with assistance:	Walk:

Where is your child's pain?
Please darken in the location of their symptoms on the picture:



How long has the pain been occurring?

What positions and activities make it feel BETTER?

What positions and activities make it feel WORSE?
What are your goals for physical therapy?
Speech/Communication/Skills History 1. Do people have difficulty understanding your child? □ Yes □ No 2. Is your child able to follow verbal commands? □ Yes □No 3. Is your child able to dress themselves? □ Yes □ No 4. Is your child able to tie their shoes? □ Yes □ No 5. Is your child able to feed themselves? □ Yes □ No
Do you have any concerns about your child's fine motor skills or speech?
Is your child attending school? **Grade:** **Do they receive any services at school?** □ Yes □ No
Are you married/single/ divorced? **Does your child have siblings?** □ Yes □ No
What are your child's interests? What do they enjoy doing?
Does your child participate in extracurricular activities? □ Yes □ No
Is your child able to participate in age appropriate play with his/her peers? □ Yes □ No **If not, what are they unable to do?**