

Therapedia #: _____



PATIENT INFORMATION

BACKGROUND

Questionnaires assist therapists to gather valuable information about a child’s history and functioning in the home and community environments. This information is used to interpret test results and observations during evaluation. Please fill out the questionnaire as completely as possible. Additional written comments are welcome. If you have questions about any of the questionnaire items, contact Therapedia and your question will be directed to the appropriate therapist. Thank you.

Child’s name _____ Date of Birth _____

Number of children in family and ages _____

Who lives at home? _____

School _____ Teacher _____ Grade _____

Reason for seeking evaluation and/or therapy _____

Has your child received previous evaluation and/or therapy? _____ If so, where and describe _____

How does your child get around in their environment (crawls, walks, w/c etc) _____

Does your child have any adaptive equipment/items used to assist your child? _____

When did you first notice your child’s difficulties, and how were they apparent to you? _____

ELECTRONIC USE HISTORY:

What devices does your child have access to: _____TV _____Tablet _____Phone _____Other

How much time does your child spend on electronic devices: _____TV _____Tablet/computer _____Phone

Does your child use an electronic device: _____at bedtime _____at mealtime _____Other

DEVELOPMENTAL HISTORY

Prenatal History

Mother’s age at birth of child _____ Father’s age at birth of child _____

Were there any complications during pregnancy such as illness, Rh negative, German measles? If yes, please describe _____

Did mother take any medication during pregnancy? _____ If yes, please list _____