## **Crossroads Physical Therapy**

## **Pediatric Medical History**

Patient's Name:	Date:
Parent/Guardian's Name:	

1. Please list the reasons why you are bringing the child to Crossroads Physical Therapy

2. Please give a history of any difficulties that were experienced with pregnancy and/or delivery of the child.

3. When did you first notice the child's problems?

4. Please give a complete medical history of the child (general health, surgeries, hospitalizations, illnesses etc.).

5. Please list all traumas (falls, accidents, etc.) that the child has suffered.

6. Please describe the child's eating and sleeping habits and bowel/bladder control.

7. Describe the child's current activity level at home (and at school if applicable) and what he/she enjoys doing during the day.

8. Please list all medication(s) the child is taking at the current time.

9. What goals do you hope to see the child achieve through the help of physical therapy?