Sparrow

Medical History and Subjective Information Form
Brachial Plexus

Please answer the following questions. If you need help filling out this form, we would be happy to assist you.

Patient Name_____ Birth Date: _____ Today's Date: _____

Pre-natal Maternal Conditions (Please check any conditions Mom had during pregnancy):

☐ Pre-eclampsia	☐ Oligohydramnious	☐ Cardiac Condition
☐ Gestational Diabetes	☐ Polyhydramnious	☐ Trauma
☐ Drug Use	☐ Bedrest	☐ High Risk Pregnancy
☐ Alcohol Use	☐ Infection	☐ Placenta Previa
☐ Tobacco Use	☐ Seizure	☐ Multiple Births

Method of Delivery:

☐ Vaginal Delivery	☐ Emergency C-Section	☐ Forcep Assist
☐ Scheduled C-Section	☐ Induction	☐ Vacuum Assist

Complications During Delivery:

☐ Asphyxia	☐ Nuchal-Cord	☐ Cord Prolapse
☐ Cerebral Vascular Accident	☐ Brachial Plexus	☐ Seizure
☐ Premature Labor	☐ Precipitous Labor	☐ Fetal Distress
☐ Shoulder Dystocia	☐ Clavicle Fracture	☐ Humerus Fracture

Previous Treatment for Brachial Plexus ___ None

Name/Date		Name/Date	
Family Doctor:		Physical Therapist:	
Neuro Surgeon:		Occupational Therapist:	
Physiatrist:		Speech Therapist:	
Neurologist:		Brachial Plexus Clinic:	

Diagnostic Test: Have you had any of the following for the brachial Plexus injury?

Test	Date/Result	Test	Date/Result
X-ray		MRI	
CT scan		EMG	

Other: _____

Please Check all of the following boxes that apply

☐ 1 story house with/without basement	☐ 2 story house with/without basement
☐ Apartment	☐ Mobile Home
☐ Stairs to enter home/apartment ____	☐ Railing on stairs ___ 1 ___ 2
☐ Walk-in shower	☐ Tub/Shower Combination

Child Lives with: ☐ Mother ☐ Father ☐ Grandmother ☐ Grandfather ☐ Foster Parents ☐ Aunt ☐ Uncle ☐ Brother ☐ Sister ☐ Step-mother ☐ Step-father ☐ In Residential Facility ☐ Other _____

Previous Therapy:	Yes	No		Yes	No
Early-On Physical Therapy	☐	☐	Aquatic Therapy	☐	☐
Early-On Occupational Therapy	☐	☐	Music Therapy	☐	☐
Early-On Speech Therapy	☐	☐	ABA Therapy	☐	☐
School Physical Therapy	☐	☐	Floortime	☐	☐
School Occupational Therapy	☐	☐	Behavioral Therapy	☐	☐
School Speech Therapy	☐	☐	Vision Therapy	☐	☐
Riding Therapy	☐	☐	Feeding Therapy	☐	☐

Equipment:	Yes	No		Yes	No
Resting Hand Splint	☐	☐	Benik Vest	☐	☐
Elbow Extension Splint	☐	☐	Benik Hand Splint	☐	☐
Bamboo Brace	☐	☐	Saddle Splint	☐	☐
Benik Elbow Extension	☐	☐	Rolling Backpack	☐	☐
SPIO	☐	☐	One Handed Keyboard	☐	☐
Other: _____			Other: _____		

Developmental Milestones: Please circle yes/no if your child completes the following activities.

Developmental Activity	Affected Arm		Unaffected Arm	
Does your child bring hand to mouth?	☐Yes	☐No	☐Yes	☐No
Does your child bring hand to stomach?	☐Yes	☐No	☐Yes	☐No
Does your child hold rattle when you put it in the hand?	☐Yes	☐No	☐Yes	☐No
Does your child bat at objects in front of face?	☐Yes	☐No	☐Yes	☐No
Does your child lift arm off from floor when laying on back?	☐Yes	☐No	☐Yes	☐No
Does your child raise arms over head while sitting?	☐Yes	☐No	☐Yes	☐No
Does your child reach forward and grasp toys in lying?	☐Yes	☐No	☐Yes	☐No
Does your child reach forward and grasp toys In sitting?	☐Yes	☐No	☐Yes	☐No
Is your child able to throw a ball overhead?	☐Yes	☐No	☐Yes	☐No
Is your child able to catch a ball with both hands?	☐Yes	☐No	☐Yes	☐No

Activities of Daily Living: Please list what month your child was consistently completing the following activities.

Activity	Month
Feeding Self – finger foods, not use of silverware	
Holding Bottle – using one hand or both hands	
Army Crawling – pulling self along with belly on floor	
Crawling – moving forward with belly off from floor	
Walking	
Eating with silverware	
Dressing self	
Toilet trained	
Writing Name	
Typing on keyboard – typing with both hands	

Learning: (Please check any areas that your child is experiencing problems in):

Attention Span: ☐Short ☐Average ☐Long

Behavior: ☐Difficult to comfort ☐Cooperative ☐Transitions poorly ☐Difficulty interacting with peers ☐Frequent verbal outbursts ☐Frequent behavior/temper outbursts

Education Difficulties: ☐Basic Concepts ☐Reading ☐Reading comprehension ☐Spelling ☐Handwriting

Interaction Skills: ☐Plays well with others ☐Prefers to play alone ☐Dislikes people in personal space ☐Plays near others without interacting