Sparrow

Medical History and Subjective Information Form
Physical Therapy

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: _____

Medical History:

Patient lives with: ☐ Biological Parents ☐ Adoptive parents ☐ Foster Parents ☐ Other: _____

Birth History (pregnancy complications/labor complications/delivery complications) _____

_____

_____

_____

☐ Full Term ☐ Premature _____ How many weeks

Milestones: Has your child achieved his/her milestones on time ☐ yes ☐ no Explain: _____

_____

Medical History: (injuries, diseases, disorders, disabilities, developmental delay) _____

_____

_____

_____

Surgeries: ☐ No ☐ Yes (What was done and when)_____

_____

_____

Previous Testing: ☐ X-ray ☐ MRI ☐ CT ☐ EMG ☐ Gait Study ☐ Vision ☐ Hearing ☐ Other: _____

_____

Specialist Currently Active in your Child's Care: (Please list each specialist that is seen and date of last appointment)

Name/Date	**Name/Date**
Family Doctor:	Psychologist:
Physiatrist:	Cardiologist:
Orthopedist:	Orthotist:
Neurologist:	
Other:	
Other:	

Equipment:

Please list all equipment that your child currently uses: (wheelchair, splints, orthotics, walker, stander, helmet, etc)

_____

_____

School Therapy Information:

School: _____ Grade: _____

Does your child receive additional therapy services: ☐ Early On ☐ School Therapy ☐ Outpatient Therapy

What type of services: _____

Frequency of each service: _____

Names of current therapists: _____

Do you currently perform a Home Exercise Program? ☐ Yes ☐ No_____

_____