

Physical Therapy Intake Form

What do you feel are your child's strengths / weaknesses

When did you first become concerned about your child's development? _____

What are used for motivators or incentives for positive behavior at home or at school? _____

Please check all the developmental milestones that your child achieved - typical age in parentheses:

Rolling (4-6 months) , Sitting alone (6 months) , Creeping on all 4's (9 months) ,
pull to stand (8 months) , walking (13 months) _____(age) , Jumping (2.5 years) ,
Running (2 years), Hopping on one foot (4 years)

Developmental milestones were met: within typical age ranges delayed

Gross Motor concerns: (Check all that apply)

<input type="checkbox"/> "floppy" body	<input type="checkbox"/> Frequently slumps	<input type="checkbox"/> Lies down, and/or leans head on hand or arm while working at his/her desk
<input type="checkbox"/> Often sits in a "W sit" position on the floor	<input type="checkbox"/> Fatigues easily	<input type="checkbox"/> Trips frequently (does not fall though)
<input type="checkbox"/> Falls frequently	<input type="checkbox"/> Poor body awareness; bumps into things, knocks things over, trips, and/or appears clumsy	<input type="checkbox"/> Unsure about how to move body during movement, for example, stepping over something
<input type="checkbox"/> Awkward gait	<input type="checkbox"/> Difficulty going up stairs	<input type="checkbox"/> Difficulty going down stairs
<input type="checkbox"/> Difficulty with mobility in the community	<input type="checkbox"/> Difficulty with team sport activities	<input type="checkbox"/> Difficulty with mobility at school
<input type="checkbox"/> Avoids/dislikes playground equipment	Other:	

Are there any other precautions or information we should know about that are not already described? _____

Thank you for your time in filling out this form.