

PHYSIO QUESTIONNAIRE

fill out the parts that is applicable to your situation

Date: _____

Child's Name: _____

Age: _____

Date of Birth: _____

Mother's Name: _____

Father's Name: _____

Address: _____

Telephone: home _____ mom _____ dad _____

Email: _____

Diagnosis: _____

Associated Conditions: _____

Reason for Referral: _____

Pregnancy: _____

Birth Hospital: _____ APGARS: _____

Birth weight: _____ Gestational Age: _____

C-section/Vaginal/Breech delivery: _____

Perinatal/Medical/Surgical history: _____

Followed by: Pediatrician: _____ Other: _____

Clinics: _____

Therapies (current and previous):

PT _____ OT _____

ST _____ Other _____

Gross Motor Milestones:

Rolling: _____ Independent Sitting: _____ Walking: _____

Crawling: _____ Pulled to Standing: _____