**Developmental Questionnaire**

Person completing this form: Parent Guardian Foster Parent Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical History (hospitalizations & diagnoses):

Eye/Hearing Exam Results:

Current medications (including vitamins):

Allergies (peanuts, wheat, latex, etc.):

Any specialized diet (gluten-free, ketogentic, etc.):

Is your child experiencing any pain?

Other healthcare providers in PRESENT AND PAST (IEP, early intervention, speech therapy, social services, etc.):

Extracurricular Activities (gymnastics, karate, painting, piano, etc.):

School Name & Grade:

Who lives in your child’s home?

Mother’s Employment:

Father’s Employment:

# of weeks gestation when child was born:

Any complications in the hospital (increased/decreased heartrate, emergency c-section, vacuuming/foreceps, shoulder dystocia, low Apgar scores, jaundice, etc.)?

Adoption History (if applicable):

Approximate age when your child first (if you can’t remember ages, you can write “Typical”, “Early”, or “Delayed”):

Rolled Over:­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sat Unsupported:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stood Unsupported:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Crawled:\_\_\_\_\_\_\_\_\_\_\_\_ Walked:­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ Spoke:\_\_\_\_\_\_\_\_\_\_\_ Self-fed:\_\_\_\_\_\_\_\_\_\_\_ Potty-Trained: \_\_\_\_\_\_\_\_\_\_\_

Does your child have difficulty with any daily routines (dressing, bathing, brushing teeth, etc.)?

Does your child have difficulty keeping up with his/her peers? If so, please specify

What are your child’s strengths?

What are your goals for your child, regarding sensory and motor development?

Do you have any other concerns that you have not mentioned yet?

Who can I thank for referring you to Power Up Physical Therapy & Fitness?

Any Additional Comments: