

PEDIATRIC NEW PATIENT FORM

Child's Name: _____ Date _____

Date of Birth: _____ Age: _____ Diagnosis: _____

Home Address: _____

Home Phone: _____

Primary Physician: _____ Phone #: _____

Referring Physician: _____ Phone #: _____

Does your child attend any clinics or see any specialists? If "YES" please specify below:

Specialist: _____ Phone #: _____

Specialist: _____ Phone #: _____

Clinics Attended: _____

Parent / Guarantor Information

Parent / Guardian's Name _____

Home#: _____ Work #: _____ Cell #: _____

Parents Employer Name: _____ Occupation: _____

Employer Address: _____ City: _____ Zip Code: _____

Name of Insurance: _____ Card Holder's Name: _____

SS#/ID#/Contract#: _____ Group #: _____

Were there any problems during pregnancy or delivery?

Have there been any hospitalizations since birth? Reason for hospitalization?

When was the current problem first noted? _____

Is your child in any pain? If yes, please describe where & when pain occurs.

At what age did your child do the following?

Roll _____

Walk _____

Sit Alone _____

Hold Bottle _____

Crawl _____

Feed Self _____

Stand with Help _____

Dress Self _____

Stand Alone _____

Is your child on any medication? _____ If "YES" please list them below:

Does your child have any other medical problems, i.e. seizures, asthma, allergies?



Does your child have any equipment or braces? If yes, are they in need of any new equipment or braces?
Please list.

Is your child receiving therapy now? Has she/he received therapy in the past? Please list where & when
therapy was/is being received.

What are your goals for therapy?

SICK POLICY

In an effort to maintain the healthiest environment possible for our patients, families, and therapists, we respectfully ask that you and your family abide by the following policy:

1. Please do not bring your child to therapy if they have a fever (even if it is under control with Tylenol/Motrin), have an active cough, have green or yellow mucous discharge, have diarrhea, and/or vomiting, or sneezing unrelated to allergies.
2. If your child has been sick and has been placed on antibiotics, please make sure he/she has been on the medication for at least 24 hours before bringing them to therapy.
3. These guidelines apply to all those who will be attending the therapy session (siblings, relatives, the adult who brings the child to therapy, etc.).

In general, we follow the same guidelines as day cares and schools. If your child is too sick to attend day care or school (or you are too sick to go to work), please do not attend therapy.

We greatly appreciate your cooperation in this matter.

Parent / Guardian Signature

Date