

PHYSICAL THERAPY PRE-EXAM FORM:

In order to evaluate your child's condition fully, please be as accurate as possible. Thank you.

PATIENT NAME: _____ AGE: _____ GENDER: Female Male

Child's recreational activities: _____

1.	What is your child's problem or difficulty?	
2.	What caused this problem?	
3.	Approximately when did it start?	
4.	List ONE ACTIVITY your child is unable to do, that you absolutely want him/her to be able to do again:	
5.	Has your child ever had this same (or similar) problem/difficulty before?	<input type="checkbox"/> Yes (If yes, when and describe?) <input type="checkbox"/> No
6.	In your understanding, what do you think will make it better?	
7.	How optimistic are you that your child will get better? (circle one)	Not at all.....Mildly optimistic.....Fairly.....Very optimistic.....Extremely
8.	What are some potential obstacles to your child getting better?	
9.	Over the next 30-days, how many hours per week will you commit to getting your child better?	
10.	What are you expecting from therapy?	
11.	What age did you child perform these motor milestones?	Sit_____ Roll over_____ Crawl_____ Walk_____
12.	List any medications your child is taking:	
13.	List all medical conditions/surgeries your child has (or were told he/she has):	
14.	List any known allergies	

Total:

I understand that my child's candidacy for a rehabilitation program will be dependent upon my ability and willingness to help them improve. I have answered the questions above honestly and accurately to the best of my ability. The doctor/therapist will determine whether or not they are a viable candidate for a rehabilitation program and that my child's approval into their program is not guaranteed.

Patient Signature (or guardian): _____ Date: _____