



Covenant HealthCare
 1447 North Harrison
 Saginaw, MI 48602

**ASSESSMENT/
 PEDIATRIC HISTORY/PM&R**

PF08582 (R 8/16)

PATIENT I.D.

DEMOGRAPHIC INFORMATION:

Person Filling out Form: _____ Relationship: _____

Primary Caregiver(s): _____ Relationship: _____

Who does child lives with? _____

Siblings (include age): _____

Child Care: _____

BIRTH HISTORY:

Delivery: Vaginal C-Section

How many weeks gestation? _____ Birth Weight: _____ Length: _____

Any Prenatal Complications? _____

Any Birth Complications? _____

MEDICAL HISTORY:

Significant Medical History/Diagnosis: _____

Surgeries: _____ Date: _____

Special Testing: _____ Date: _____

Prescription and
 Non-Prescription Medications:

Allergies:

Reactions:

Does your child have frequent ear infections? Yes No

Has your child's hearing been tested? Yes No

If so, when? _____ Where? _____ Results: _____

Has your child's vision been tested? Yes No

If so, when? _____ Where? _____ Results: _____



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PF00000 (R 3/16)

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PREFERENCES:

What are your child's likes (activities, food, toys)?

What are your child's dislikes (activities, food, toys)?

DEVELOPMENTAL HISTORY

Please check any of these milestones your child has reached and indicate at what age:

- Rolling Age:
Crawling Age:
Following Directions Age:
Feeding Self Age:
Sitting Age:
Walking Age:
Dressing Self Age:
Talking Age:

Number of Current Words: 0-10 11-20 21-50 51+

Please check any of the following that are areas of concern for your child:

- Academic (reading, spelling, math)
Attention
Speech
Fine motor skills (object manipulation)
Feeding
Handwriting
Gross motor skills (kick, squat, jump)
General Mobility
Walking
Sensory Concerns (textures, behaviors)
Coordination
Balance
Visual/Perceptual skills
Weakness
Other:



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REASON FOR THERAPY (Current Reason for seeking therapy):

Has your child received previous therapy for this reason? Yes No

If yes, please check all that apply

Inpatient Rehab Where? When? OT PT SLP

Home Care services Where? When? OT PT SLP

Outpatient services Where? When? OT PT SLP

Other:

SCHOOL INFORMATION:

School: Grade:

Current placement: Regular Education Resource Room Special Education Other:

School Schedule:

Does your child have an Individualized Education Program? Yes No

School-based Services: Occupational Therapy Physical Therapy
Speech Language Services Other:

Any classroom support (Para-pro, devices, accommodations)?

Parent Signature

Date

Therapist Signature

Date Page 3 of 3