MICHELLE FOOSANER, MS PT
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Physical Therapy Intake Form

Date:

Please fill out the following information for the therapists' review. This will enable your initial evaluation to be more focused on your child's specific abilities and needs. Thank you!

Patient Name:	Date of Birth:
Name of Parent/Guardian:	Phone:

Developmental Milestones: When did your child meet the following milestones? At what age?

Rolling:
Sitting:
Crawling:
Walking:

Current Abilities: Briefly describe the quality of your child's mobility and his/her level of independence with the following skills. (please indicate if any assistive device is used)

Rolling:
Sitting:
Crawling:
Walking:
Transfers:
Stairs:
Running:
Other comments on current function:

Does your child wear orthotics: What type and how often:

Please briefly describe your child's level of communication (i.e., verbal primarily, signs with some verbalization, minimal signing) :

What equipment does your child have (walker, canes, stander, etc)? Please describe for the purpose of incorporating these items into your child's therapy and making appropriate recommendations:
Do you have equipment that you use for home exercises with your child (balls, benches, mats, etc)? Please describe for the purpose of developing a comprehensive home exercise program:

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Please list the physical activities that your child participates in on a weekly basis (swimming, hippotherapy, etc.):

To the best of your knowledge, does your child have limitations in the following?
Hearing:
Vision:
Sensation (ie, feeling that water is too hot or shoes are too tight?):

Please feel free to tell us anything else about your child that you feel will help him/her have the greatest possible success while in therapy (including ways in which your child is motivated to work, etc):

Please indicate if your child has any of the following:

Heart Disease:
Seizure Activity:
High Blood Pressure:
VP Shunt or nerve stimulator:
Fractures:
Diabetes:
Kidney Problems:

Thank you so much for taking the time to provide us with the above information.
We look forward to working with you and your child!