

# VILLAGE PATHWAYS COMPREHENSIVE THERAPY

Occupational Therapy

Physical Therapy

Speech-Language Pathology

## CASE HISTORY FORM (FOR PT & OT)

### Birth History

Was there anything unusual about the pregnancy or birth?

Yes  No

If yes, please describe. \_\_\_\_\_

How old was the mother when the child was born? \_\_\_\_\_

Was the mother sick during the pregnancy?

Yes  No

If yes, please describe. \_\_\_\_\_

How many months was the pregnancy? \_\_\_\_\_

Did the child go home with his/her mother from the hospital?

Yes  No

If child stayed at the hospital, please describe why and how long. \_\_\_\_\_

### Medical History

Has your child had any of the following?

- adenoidectomy
- allergies
- breathing difficulties
- chicken pox
- colds
- ear infections
- How often?
- ear tubes

- encephalitis
- flu
- head injury
- high fevers
- measles
- meningitis
- mumps
- scarlet fever

- seizures
- sinusitis
- sleeping difficulties
- thumb/finger sucking habit
- tonsillectomy
- tonsillitis
- vision problems

Other serious injury/ surgery: \_\_\_\_\_

Is your child currently (or recently) under a physician's care?

Yes  No

If yes, why? \_\_\_\_\_

Please list any medications your child takes regularly: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## **School History**

**If your child is in school, please answer the following:**

Name of school and grade in school: \_\_\_\_\_  
\_\_\_\_\_

Teacher's name: \_\_\_\_\_  
\_\_\_\_\_

Has your child repeated a grade? \_\_\_\_\_  
\_\_\_\_\_

What are your child's strengths and/ or best subjects? \_\_\_\_\_  
\_\_\_\_\_

Is your child having difficulty with any subjects? \_\_\_\_\_  
\_\_\_\_\_

Is your child receiving help in any subjects? \_\_\_\_\_  
\_\_\_\_\_

## **Additional Comments**

\_\_\_\_\_  
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