Madonna Rehabilitation Hospital
Pediatric Medical History Questionnaire

To better serve you and your child's individual needs, please complete the following and check appropriate choices when indicated.

Child's name: _____

1. Main reason for needing therapy: _____
   Date of injury or onset: _____/_____/_____
2. Birth History: (pregnancy related, complications with labor & delivery, APGARs after birth, need for oxygen) _____
   _____
   _____
   Has your child received therapy before? ☐ Yes ☐ No When? _____
3. Any previous surgeries or medical procedures? ☐ Yes ☐ No
   Date/Type: _____
   _____
4. Please list all medications your child is currently taking: _____
   _____
   Precautions: _____
   What tests have been done? ☐ X-ray ☐ MRI ☐ CT Scan ☐ Swallow Study ☐ EMG
   ☐ PET Scan ☐ Other: _____
   Findings: _____
5. Is your child able to sleep through the night? ☐ Yes ☐ No
6. What is the frequency of your child's bowel movements? _____
7. Developmental Milestones Achieved:
   Talking: ☐ Not age appropriate ☐ Age achieved: _____ ☐ Unsure
   Rolling: ☐ Not age appropriate ☐ Age achieved: _____ ☐ Unsure
   Sitting: ☐ Not age appropriate ☐ Age achieved: _____ ☐ Unsure
   Walking: ☐ Not age appropriate ☐ Age achieved: _____ ☐ Unsure
8. Child/Family Goals and Preferences: _____
   _____
   _____
9. Child/Family Adjustment to Activity Limitations: _____
   _____
   _____
10. Support Available (siblings, caregivers, peers, professional organizations): _____
    _____
11. Child's favorite toys, songs, games: _____
    _____
12. Does your child have any fears or sensitivities: ☐ Yes ☐ No
    If yes, what are they? _____
13. School/Work Related Issues: _____
    School/Daycare Attending: _____ Grade: _____
14. Does your family practice any cultural traditions that you would like us to be aware of?
    ☐ Yes ☐ No If yes, what are they? _____
    What is the primary language used in the home? _____
15. Please answer the following if your child is age appropriate.
    Is there a history of alcohol or drug abuse? ☐ Yes ☐ No ☐ Not age appropriate
    If yes, please explain: _____
    _____
    Is your child sexually active: ☐ Yes ☐ No ☐ Not age appropriate
    If yes, please state any concerns: _____

Madonna TherapyPlus

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