

## Pediatric Physical Therapy Questionnaire

The purpose of this questionnaire is to provide background information about your child and to express any concerns for gross motor skills, strength, endurance, coordination, etc. Some questions may not apply to every child, but we ask that you fill this out to the best of your ability and avoid leaving sections blank. Feel free to write in the margins or provide any additional information within the comment sections as you complete this questionnaire. Thank you!

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Who referred you for a Physical Therapy evaluation? \_\_\_\_\_

Do any family members have physical development problems? Y\_\_\_ N\_\_\_

If yes, please explain: \_\_\_\_\_

When did you first have concerns about your child? \_\_\_\_\_

What made you concerned? \_\_\_\_\_

What specific skills would you like your child to achieve in therapy? \_\_\_\_\_

List approximate age at which your child demonstrated the following skills:

Rolling: \_\_\_\_\_ Crawling: \_\_\_\_\_ Sitting up: \_\_\_\_\_

Started to walk: \_\_\_\_\_ Walked unassisted: \_\_\_\_\_

Any concerns regarding fine motor skills (i.e. stacking blocks, drawing, cutting, writing)?

Y\_\_\_ N\_\_\_

If yes, please explain: \_\_\_\_\_