

Melanie Massey Physical Therapy, Inc.

West Monroe

107 Summer Lane
 West Monroe, LA 71291
 Phone: 318-396-1969
 Fax: 318-396-1970



Ruston

1004 Center Street
 Ruston, LA 71270
 Phone: 318-232-1969
 Fax: 318-396-1970

OCCUPATIONAL THERAPY Pediatric Case History Form

Name:		D.O.B.
Address:		
City:	State:	Zip:

Parent's Name:	Ph#:	Dr.
-----------------------	-------------	------------

Yes	No	
		Are both parents in the home?
		Is the child adopted?
		Has the child been diagnosed as having any medical or educational conditions? If yes, what? _____ Who made the diagnosis? _____ When was the diagnosis made? _____
		Has the child received therapy before?
		Did/Does the child have colic?
		Did/Does the child have tubes in his/her ears?
		Is the child toilet trained?
		Did/Does the child attend daycare?
		Allergies? If yes, please list: _____ _____

Parent completing this questionnaire: ___ Mother ___ Father ___ Other _____

Age of siblings: _____

Mother's age when child was born: _____ Number of pregnancies: _____

How many hours does your child watch TV? ___ < 2 ___ 2-4 ___ 5-8 ___ > 8

BIRTH HISTORY:

Prenatal

Medications:
Medical Complications:

Neonatal (please circle appropriate answer)

Anesthesia:	No	Yes: _____		
Labor:	1 – 5 hours	5-10 hours	10 – 15 hours	over 15 hours
C-Section:	Yes	No		
Forceps delivery:	Yes	No		
Baby breathing at birth:	Problems	No problems		
Baby's birth weight:				
Apgar Scale:				
Other complications:				

RESPONSES TO TOUCH:

0 – 3 Years

Yes	No	
		Likes to be held
		“Cuddly”
		Likes having hair washed
		Likes having nails clipped
		Likes having mouth wiped

3 Years to Present

Yes	No	
		Likes to be held
		Pulls away from people
		Likes having hair washed
		Likes having fingernails cut
		Likes having hair combed
		Likes tight fitted clothing
		Likes loose fitted clothing
		Likes having back rubbed
		Likes stuffed animals
		Likes getting hands dirty
		Likes being tickled

Any comments that you would like to make about your child, which were not covered on this form, would be most welcomed. Also, any additional comments may be added to the back of this form.