

Lung problems _____

Diabetes _____

Vision _____

Hearing _____

Shunts (hydrocephalus) _____

Tracheal / G – tube _____

Kidney problems _____

Please provide name, specialty type, and phone number of all specialists who treat the patient

7. Please list any medications or supplements the patient is currently taking (and reason for taking)

8. Please list any allergies or sensitivities (to foods, medications, or other)

9. List any additional feeding or nutritional restrictions / information

10. Does the patient follow a specific diet or nutritional regimen?

11. Does the patient have asthma, eczema or rashes? If so, please explain.

12. Have you ever been informed that the patient has a latex or rubber allergy?

13. Patient's Abilities (rolling, sitting, crawling, and walking)

14. Patient's bathroom routine

15. Please list any medical equipment and / or orthotic types that your child is using (or has used in the past)

16. How does the patient communicate?

17. Is the patient able to follow simple commands?

18. List name(s) and phone numbers of the patient's present PT and/or OT.

19. Has your child ever participated in Intensive PT? If so, which center?

20. Has your child ever been denied therapy for intensive PT using suit therapy? If yes, please explain.

21. Were you referred to our center? If so, by who?

22. Is there anything else you would like us to know about the patient or your family before we begin therapy?

23. Please note that hip x-rays and a physician's clearance/prescription will be necessary prior to starting an intensive program including use of the Therasuit. However, they are not necessary prior to scheduling the initial evaluation.

Parent/Guardian Signature

Date

PLEASE MAIL OR FAX COMPLETED FORM TO:

Discovering New Heights Therapy

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