



5. Please list all traumas (falls, accidents, etc.) that the child has suffered:

6. Please describe the child's eating and sleeping habits and bowel/bladder control:

7. Describe the child's current activity level at home (and at school if applicable) and what he/she enjoys doing during the day:

8. Please list all medications the child is taking at the current time:

9. What goals do you hope to see the child achieve through the help of physical therapy:

