Cornerstone Physical Therapy 5300 Westview Drive, Ste. 108 Frederick, MD 21703

Pediatric Medical History

Patient's Name:	Date:
Parent/Guardian's Name:	
1. Please list the reasons why you are bringing your child to Cornerstone Physical	Therapy?
2. Please give a history of any difficulties that were experienced with pregnancy a	and/or delivery of the child:
3. When did you first notice the child's problem?	
4. Please give a complete medical history of the child (general health, surgeries, h	nospitalizations, illnesses, etc:

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: