

PHYSICAL THERAPY EVALUATION QUESTIONNAIRE

1. Reason for PT referral?
2. Has your child had physical therapy before? If so, where?
3. Do you have any other children receiving therapy? If so,
 - a. What type?
 - b. Where?
4. Who will be bringing your child for follow up visits if therapy is initiated?
5. Does your child go to preschool/Headstart or daycare? If so,
 - a. Where?
 - b. How often?
 - c. Do they receive PT services at school?
 - i. Therapists name _____
6. Does your child have orthotics, splints (for legs or hands) or a wheelchair?
If so,
 - a. Where were they done?
 - b. How long ago?
 - c. PLEASE BRING TO SESSION
7. Is your child on medication? Please list name, what it is for, and side effects (if any).
8. Has your child had surgery in the past? If so, what kind? Approximate date?
9. Are there any other problems/difficulties we should be aware of before the evaluation? (i.e. vision, behavior, hearing, sensory, etc.)
10. Has your child had any other evaluations? (i.e. ST, OT, orthotics, neurology, audiology, etc.)

PLEASE BRING A COPY OF ANY REPORT(S) TO THE EVALUATION