





### Child's Developmental History (Please write age each occurred)

Sat up without help:	Crawled:	Walked:
Spoke 1 <sup>st</sup> word:	Potty Trained:	Dressed self:
Put words together:	Drink from an open cup:	
Did / Does your child have difficulties with bottle / solids / table food?		

### Child's Daily Schedule

What is your child's daily schedule? Who do they stay with if not in school?

### School Information

School:		School Phone #:
Grade:	Teacher(s):	School Therapist(s):
School concerns:		

If applicable, please provide a copy of your child's current Individual Education Program.

Signature of Patient / Guardian \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_



## Parent Goals & Expectations

If your child requires therapy, what are your personal goals/expectations? What would you like your child to learn? Please describe? Please add any other helpful information.

Domestic violence is a common health problem in the United States. Therefore, it is our responsibility to assess all patients for the presence of potential domestic violence in their lives.

**Please respond to the following question: Do you feel safe at home? Yes No**

The preceding information is true and complete. I understand that any mis-statement or omission may affect the outcomes of my child's healthcare.

Signature of Patient / Guardian \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

# 0000020703 Gate 8/11 Chart Copy

**Brazosport Regional Outpatient Rehabilitation Services:  
Pediatric Health History**

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100 Medical Drive Lake Jackson, TX 77566

Patient ID