MERCYHEALTH

# Mercy-Tiffin Rehabilitation and Therapy
# Pediatric Rehab Services Patient History Questionnaire

In order for us to fully address all aspects of your concerns/diagnosis, the following information is needed. Please take time to complete this form. Feel free to ask for assistance or clarification. Thank you!

Child's Name:_____ Parent/Caregiver name:_____

What are your concerns/current problem?_____

_____

What are your goals for therapy?_____

_____

**PATIENT HISTORY**

1. Is your child seeing any of the following (circle all that apply)

| | | | |
|---|---|---|---|
| Orthopedist | Neurologist | Physical Therapist | Occupational Therapist |
| Chiropractor | Speech Therapist | Gastroenterologist | Behavior Specialist |
| Counselor | Nutritionist | Cardiologist | Other:_____ |

2. Please list any allergies your child has:_____

_____

_____

3. Please list any additional groups/services your child attends/receives (e.g. help me grow, school, daycare)_____

_____

4. Please explain how your child communicates (e.g. AAC device, sign language, pictures)_____

_____

_____

5. Please list any medications

| Medication Name | Purpose for taking this medication |
|---|---|
| | |
| | |
| | |
| | |

6. Please list any Surgical History

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| Surgery | Date of Surgery |
|---|---|
| | |
| | |
| | |
| | |

7. Please list any equipment your child needs/uses (e.g. hearing aid, shunt, weighted blankets, walker, braces, orthotics)

| Device | Purpose for the device |
|---|---|
| | |
| | |
| | |

8. Please check any that apply to your child. If you check a problem area please further explain on the lines below

Lung problems ☐ Heart problems ☐ Kidney/Urinary problems ☐

Bone/muscle problems ☐ Gastro-intestinal problems ☐ Brain/nervous system problems ☐

Behavioral problems ☐ Eating problems ☐

Comments:_____

_____

_____

_____

9. Is there any other information you would like our therapists/staff to know about your child? _____

_____

_____

_____

**Please keep us updated on any new information you receive from doctor's appointments or other service appointments so that we may keep our records up to date.**

**Thank You!**

_____ _____

**Signature** **Date**