Harmony Pediatric Therapy
5 Townsquare, Ste A Chatham, NJ 07928-2568
Phone: (973) 507-9730 Fax: (973) 507-9710
Email: info@harmonypediatrictherapy.com
Web: www.harmonypediatrictherapy.com

Child's History

Child's Name:_________________________________Date of Birth________________
Parents' Names:________________________________
Address:_____________________________________
____
Telephone: home________________________work____________________________
Email Address:___________________________________
Referred by:_________________________________
Reason for Referral:____
____

Medical History

Pediatrician:__________________________________Telephone:________________
Address:____
Child's birth weight:_______lbs._______ozs.
Length of pregnancy:____
____
Complications during pregnancy and/or delivery? yes/no
Please describe:____
____
____
____

Pertinent medical, neurological, visual, hearing, therapeutic, psychological or educational testing:

Date	Examined by	Diagnosis	Recommendations

Surgeries?____
____
Seizures?____
Medications?____
Ear Infections?____
Hearing Loss?____
Fevers?____
Allergies?____
General health?____
Recent illnesses?____
Has your child received regular immunizations? yes/no
Any reactions? ____
____

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Developmental History (age approximates)

lifted head______________________________ rolled over____________________________
sat alone________________________________ crawled (on stomach)__________________
pulled to stand__________________________ crept (on hands and knees)______________
stood alone______________________________ walked alone__________________________
jumped__________________________________ ran__________________________________
reached for a toy________________________ finger fed____________________________
towered blocks___________________________ used spoon/fork_______________________
used cup________________________________ used straw___________________________
dressed self______________________________ undressed self________________________
fasteners (buttons, zippers)________________ tied shoelaces________________________
scribbled on paper________________________ copied shapes_________________________
wrote name_______________________________ cut with scissors______________________
responded to name________________________ social smile_________________________
babbled_________________________________ first word___________________________
3-4 word sentences_______________________ asked questions______________________
toilet trained____________________________

Does your child enjoy watching television? yes/no
Does your child enjoy being read to? yes/no
Does your child enjoy reading books? yes/no
Does your child have speech and language problems? yes/no
Fine motor problems? yes/no
Gross motor problems? yes/no
Eating Problems? yes/no
Does your child have trouble with bed wetting? yes/no

Comments:____
____
____
____

Educational History:

Preschool placement:____
Teacher:____
Teacher observation:____
____

List any classifications or educational diagnosis (past or present) and related problems:__
____
____
____