



Background Information Form

Today's Date:

Child's Name:

Date of Birth:

Parents' Names:

Address:

Home Phone #:

Work #:

Cell #:

Referred by:

Reason for Referral:

Prenatal/Birth History

Born at (# of week's gestation):

Birth weight:

Characteristics of pregnancy and delivery:

Medical History

Diagnosis:

When diagnosed/by whom:

Pediatrician name/contact information:

Other specialists/therapists involved in child's care:

Other examinations/results (e.g. vision, hearing):

Allergies:

Medications:

Seizures:

Feeding history:

Sleep history:

Recent illnesses/Hospitalizations:

General health:



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Family History

Parents' occupations:

Siblings' names/ages:

Family illnesses/conditions:

Recent family changes/significant events/trauma:

Childcare/babysitters:

Developmental Milestones (met early, within normal time frames, late)

Gross motor (rolling, sitting, crawling, walking, running, jumping, hopping, etc.):

Fine motor (reaching, grasping, handedness, use of crayons, scissors, pencils, utensils, etc.):

Self-help skills (feeding, dressing, hygiene):

Communication skills (verbal/non verbal, use of language):



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Social/Play History:

School/childcare/grade:

Teacher's observations of behaviors/skills:

Extracurricular/community activities:

General activity level (highly active, active, sedentary):

Unusual behaviors (hand flapping, tantrums, repetitive play):

Behavior management (how to calm child, rewards, incentives, etc.):

Favorite activities/toys:

Play/socialization with others (adults, peers, siblings):

Sensory History (reactions to touch, sounds, movement):

Current description of fine motor, gross motor, self-help skills:

Parents' Goals:

- Self Care Goals (dressing, feeding, etc.)

- School Goals (writing, cutting, social skills, etc.)

- Recreational/Leisure Goals (catching, throwing, sports, games, etc.)

Other Pertinent Information (e.g. special diets, precautions):