

Pediatric Initial Evaluation Intake

Childs Name: _____

DOB: _____

Birth History

- Was delivery Premature? _____
 - o If yes, how early _____
- Birth Weight
 - o _____ lbs _____ oz
- Type of delivery: _____
- Was your child breech at any time during the pregnancy? _____
- NICU stay required? _____
 - o If yes, how long? _____
 - o Oxygen use in NICU? _____
- Any complications during delivery? _____

- Any complications or medical issues during pregnancy? _____

Medical History

Please list any diagnoses your child has: _____

Any previous surgeries: _____

Any major hospitalizations: _____

Medical Specialist: _____

Medications: _____

Allergies: _____

Family History

Please list any family history relevant to your child's current condition: _____

Social/School History:

- Does your child attend school or daycare? _____
 - o If yes where? _____
 - o Grade/classroom? _____
 - o Do they have an active Individualized education plan (IEP)? _____
 - If yes, what services do they receive? _____
- Does your child play any sports or participate in extracurricular activities? _____
- Who lives at home with your child? _____

Therapy History:

- Has your child received physical therapy services before? _____
 - o If yes, where and for how long _____
- Does your child receive other therapy services (i.e speech, ABA, OT)? _____

Developmental History:

- At what age did your child do the following:
 - o Hold head up: _____
 - o Roll over: _____
 - o Sit independently: _____
 - o Creep on all fours: _____
 - o Pull to stand: _____
 - o Cruise: _____
 - o Walk with independence: _____

Family Concerns:

- What PT related concerns do you have for your child?
 - o Balance: Y / N
 - o Coordination: Y / N
 - o Frequent Falls: Y / N

- Meeting motor milestones Y/ N
- Muscle weakness: Y / N
- Pain: Y / N
- Walking on tip toes: Y / N
- Other Concerns: _____
- _____
- _____
- _____

Equipment:

Does your child utilize any assistive devices or other equipment? _____

Functional Mobility:

- Is your child able to:
 - Hop on one foot Y / N
 - Stand on one foot Y / N
 - Ascend stairs Y / N
 - Descend stairs Y / N
 - Jump up (clearing both feet) Y/ N
 - Step up and down a curb Y / N
 - Ride a bicycle without training wheels Y / N
 - Ride a tricycle Y / N
 - Skip Y / N
 - Jump rope Y / N
 - Gallop Y / N

Additional Information:

Any Additional Information your therapist should know about your child? _____

FYZICAL THERAPY ATTENDANCE POLICY

FYZICAL Dizziness and Wellness Center strives to provide each patient with the highest quality of care while attempting to accommodate your schedule for your convenience. Therefore, we provide reserved time slots for each patient with a specific therapist in order to minimize your waiting and assure continuity of your treatment. Your consistent attendance of the planned treatment regimen is paramount to your full recovery.

While we are sensitive to the fact that an emergency may occur in a rare instance, cancellation, especially at the last minute, along with patient no-shows, decrease our ability to accommodate the scheduling needs of the other patients. Additionally, no-shows display a complete lack of respect for your therapist and fellow patients. We must ask for your full cooperation with the following policy:

If you are more than 20 minutes late for your appointment and failed to notify us, treatment may be cancelled and a fee assessed for that appointment.

A scheduled appointment **MUST BE CANCELLED AT LEAST 24 HOURS IN ADVANCE** to avoid being charged a \$25.00 missed appointment fee.

Failure to show up for an appointment without notifying us will result in a fee being charged for that appointment. Furthermore, 3 consecutive no-shows will result in the cancellation of all remaining scheduled appointments.

At week's end, ALL PATIENTS, regardless of insurance/third party payor will be charged \$25.00 CANCELLATION FEE for each late, late-cancelled and no-show appointment. The PATIENT is responsible for the fee, not the insurance.

No cancellation fee will be charged if the missed appointment is made up within the same week it was scheduled on a day that you do not have another appointment scheduled.

All cancellations and no shows will be documented in your medical record and appropriately reported to your physician and insurance/third party payor

Repeated failure to comply with this attendance policy will result in your name being placed on a "schedule based on availability" List. This will require you to call for an open appt. on each day that you would like to receive therapy. We will do everything possible to accommodate you, as space permits.

We believe that this policy is necessary for the benefit of all our patients so that we may continue to provide high quality treatment and service to everyone. All of the staff at FYZICAL Dizziness and Wellness Center appreciates your anticipated adherence and cooperation with this policy. We wish you the best of luck with your treatment. We are here to help you attain all of your goals and optimize your return to all of your pre-injury activities.

It is mandatory that all parents or guardians that bring the child to physical therapy remain on premises in the event that a medical emergency arise they are here to navigate direction.

The kids are not allowed to enter the gym until the therapist comes to get them from reception. This assures that no one is hurt in the gym while left unattended.