



154 S. Livingston Ave., Suite 204, Livingston, N.J. 07039 973-535-5010 pediatricpotentialsnj.com

UPDATED PATIENT INFORMATION

Today's Date: _____ OT's/PT's Name: _____

Child's first and last name: _____ Nickname: _____

Child's Date of Birth: _____ Age: _____ Male/Female _____

Child's Home Address: _____

City/State/Zip: _____

1. Parent's Name: _____ Occupation: _____

Phone: (H) _____ (W) _____ (Cell) _____

Email: _____

2. Parent's Name: _____ Occupation: _____

Phone: (H) _____ (W) _____ (Cell) _____

Email: _____

EMERGENCY NOTIFICATION: If you will be leaving your child during the session, please ensure your therapist has a way to reach you in the event of an unlikely emergency (Cell phone, beeper, and/or destination).

Are there any food allergies, seizures, medications or medical conditions which might affect your child's ability to participate in testing or therapy activities? If yes, please describe and provide emergency information. (e.g. epi pen, seizure precautions, inhalers, latex allergies, profound carsickness, etc.)

Name of Person(s) who may be accompanying your child to therapy if not a parent:

_____ **Title** _____

Pediatrician Name: _____ **Tel:** _____

Child's school: _____ **Teacher:** _____

School hours: _____ **Phone #:** _____ **Grade:** _____

Any Medical concerns, allergies or medications?

Are there any family crisis or recent difficulties that may be impacting on your child? Are there any significant events that have occurred in your child's development that may have lingering affects (e.g. divorce, death, separation, new baby, move, child's serious illness, hospitalization, etc.) ?

Does your child require glasses, hearing aid, special shoe inserts, etc.? _____

Is child receiving other therapies, resource center or tutorials? Please describe:

Describe your current impressions of your child's problems.

Is your child receiving occupational or physical therapy services in school? If yes, please describe.

Current school experiences - Comments:

Describe your child's general behavior at home related to moods, independence, transitions, engagement, responsiveness, frustration, management and response to discipline, etc. if changed considerably or you have a particular concern.

Describe your child's current social, play, leisure interests, etc. Any concerns?

If applicable, please add any comments or descriptions which will help us to better understand your child and your concerns for your child.
