Please fill in this form before your child’s physiotherapy appointment.

|  |  |
| --- | --- |
| Child’s Name |  |
| DOB/ Age  |  |
| Address |  |
| Parent’s names and phone numbers |  |
| Email Address |  |
| School/ Nursery  |  |
| GP Name and Surgery  |  |
| Consultants and other healthcare professionals involved |  |
| History of medical admissions / operations |  |
| Details of medication |  |

**Birth History and early development:**

How were you during pregnancy? Did you have any falls, hospital admissions, complications?

Was your child born naturally, by caesarean section, or using forcepts/ventouse?

Was your child born at full term? What did they weigh?

Were there any complications during or after birth? Do you know the APGAR scores?

Did your child need oxygen or spend any time in the Special Care Unit?

Regarding your child’s early development, when did they independently

* Roll
* Sit
* crawl
* Pull to stand
* Walk?

Is your child in good health now?

Please give the reasons for requesting physio, with the concerns that you have about your child’s difficulties.

Please give outcomes that you hope your child will achieve following physiotherapy intervention.

Please add any other information that may be helpful.