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Patient's Name:

Date: \_\_\_\_\_

## **Pediatric Medical History**

Parent/Guardian's Name:
1. Please list the reasons why you are bringing your child to Cornerstone Physical Therapy:
2. Please give a history of any difficulties that were experienced with pregnancy and/or delivery of the child:
3. When did you first notice the child's problem?
4. Please give a complete medical history of the child (general health, surgeries, hospitalizations, illnesses, etc.:

5. Please list all traumas (falls, accidents, etc.) that the child has suffered:
6. Please describe the child's eating and sleeping habits and bowel/bladder control:
7. Describe the child's current activity level at home (and at school if applicable) and what he/she enjoys doing during the day:
8. Please list all medications the child is taking at the current time:
9. What goals do you hope to see the child achieve through the help of physical therapy: