Early Intervention Associates
Pediatric Physical Therapists
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New Patient Intake Form for Infants (0-2 years)

Today's Date: _____

Demographics:

Baby's Name: _____ Child's DOB: _____

Is your baby attending daycare or have a nanny? □ Yes □ No

a. If yes, which school/daycare center/nanny's name? _____
b. How many days per week? _____

Background on today's visit:

1. What concerns led you to bring your baby for a PT evaluation?

2. What concerns does your baby's doctor/teacher/child care provider have, if any?

3. Please describe any previous, or current therapy services received in any disciplines (i.e. physical therapy, occupational therapy, speech/feeding therapy, vision therapy, helmet therapy etc).

4. Does your baby enjoy spending time on his/her tummy? _____
    a. How **long** will the baby play on his/her tummy? _____
    b. How **often** during the day will the play on his/her tummy? _____

5. How is your baby positioned for most of the day? _____

6. How long does your child sleep during the day? _____
7. Do you use any devices to help your child sleep (i.e. swaddling, sleep sack, etc.)?

8. How would you describe your goals for your baby related to physical therapy?

Medical History:

1. Current Medical Diagnosis, if any: _____

2. Current Medications, if any: _____

3. Birth history: □ Term □ Preterm
□ C-section □ Vaginal delivery

4. Birth weight: _____

5. Medical History: Please check off any current or previous concerns in any of the following areas, and explain below as needed.

□ Birth complications	□ ER visits
□ NICU stay	□ Head injury
□ Vision concerns	□ Hospitalizations
□ Hearing concerns	□ Surgeries
□ Genetic disorder	□ Reflux
□ Seizures	□ Allergies
□ Neurological concerns	□ Behavioral concerns
□ Autism Syndrome	□ Torticollis
□ Delayed language skills	□ Toe walking
□ Chronic ear infections and/or ear tubes	□ Feeding/eating concerns

Please explain:

Developmental History:

If relevant, please indicate the age at which your baby demonstrated the following skills:

Rolling _____	Pull to stand _____
Sitting _____	Standing alone _____
Crawling _____	

Is there any additional information that you would like us to know about your baby?

Parent Signature: _____ Date: _____