

Diagnosis: _____

Medical Precautions or Allergies: _____

Current Medications: _____

Past Surgeries, Illness or Hospitalizations: _____

Birth History: (full term, prematurity, C-Section, pregnancy or delivery complications, birth weight, intensive care, birth injuries, breech, cord issues, jaundice, feeding problems, forceps, heart defects, seizures, infections)

Achievement of Motor Milestones:

Rolling _____mos

Sitting _____mos

Pulling self forward _____mos

Creeping on hands and knees _____mos

Pulling to stand _____mos

Cruising _____mos

Independent Steps _____mos

Walking _____mos

First Words _____mos

Trike riding _____mos

List of All Physicians and Specialists (Name, specialty, full address with suite number and zip code, and phone number)

- _____
- _____
- _____
- _____
- _____

Referred By: _____