Patient Information Form
Cerebral Palsy

Patient Name: _____ Date of Birth: _____
Patient Height:_____
Patient Weight:_____
Patient Shoe Size:_____without AFOs _____with AFOs
Address: _____
_____
Phone Number: _____
Mother's Name: _____ Cell / Work Number: _____
Father's Name: _____ Cell / Work Number: _____
Brief Medical History: _____
_____
_____
Patient Diagnosis:_____
Referring Physician:_____
Referring Physician Contact Number:_____
List of Medications patient is taking:_____
_____
Born at how many weeks gestation?_____
Any complications with pregnancy? YES / NO
If yes, please explain:_____
_____
_____
_____
Please list any previous surgeries and dates:_____
_____
_____
Does your child have seizures?_____ Date of last seizure:_____
Are seizures controlled with medications? _____
How frequently do seizures occur? _____
Does your child have a shunt?_____
Does your child have any cardiac conditions?_____
If yes, please describe_____
Does your child have a G-tube?_____
Has your child ever had a hip dislocation , subluxation, or fracture? YES/NO
If so, which hip and degree of subluxation?:_____
Date of occurrence:_____ Was it repaired?_____
Does your child have a bone condition or brittle bone disease?_____
Does your child have scoliosis?_____ Type & Degree of curvature:_____
Does your child have respiratory conditions?_____
Does your child have diabetes?_____
Does your child have any behavioral or social concerns?_____
Please list any other conditions not mentioned above in which precautions may need to be

taken:_____
_____
_____
Please indicate what developmental milestones your child has achieved. Check all that apply:
_____ Attained head control
_____ Rolling
_____ Belly Crawling
_____ Creeping on hands and knees
_____ Sitting
_____ Standing
_____ Walking
Please list what areas you would like to be addressed in therapy:_____
_____
_____
_____
_____
_____
Please list your goals for your child:_____
_____
_____
_____
_____
Additional Comments / Concerns:_____
_____
_____
_____
_____

Parent Name: _____

Parent Signature: _____