11030 Raven Ridge Rd, Suite 101, Raleigh, NC 27614
6845 Knightdale Blvd, Suite 102, Knightdale, NC 27545
Phone: 919.844.6611 Fax: 919.844.6612
www.actwc.com

Patient's Name: _____ **Date of Birth:** _____

Parent's Name: _____ **Date of Evaluation:** _____

Background Information:

Birth History: ___ Vaginal ___ Forceps ____Vacuum ____C-section
Weeks premature:_____ Birth Weight:_____lbs _____oz
Complications: _____

Brief Medical History/Diagnosis: _____
_____
_____
_____
_____

Past Surgeries: (Please include dates.) _____
_____
_____

Seizures: ___No ___ Yes Frequency?_____ Description:_____

Allergies: ___No ___Yes List:_____ Reaction:_____

Special Diet: ___No ___Yes ___Breast Milk ___ Formula ___ Reflux ___Aspiration
Describe:_____
Feeding difficulties? (Explain.) _____

Health professionals that follow your child: _____
_____
_____

Medications: Taken for? How often?
_____
_____
_____
_____

Hearing: ___ Normal ___Hearing Aids ___ Cochlear Implants ___ Tubes
Other:_____

Vision: ___ Normal ___Nystagmus ___Field Cut (R / L) ____Decreased Acuity
Other:_____

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Developmental History:

When did your child first…

Sit alone?
Crawl on hands and knees?
Pull up at furniture?
Stand without support?
Walk independently?
Hold bottle independently?

Babble/Vowels (eeee, ooo, etc)?
Say first words?
Say two word phrases?
Toilet trained for urine?
Toilet trained for bowel movements?

Equipment/Orthotics/Assistive Devices: (Please include date they were received.)
Equipment: _____
Orthotics: _____
Other: _____

Past Therapies: ___OT (Dates:_____) ___Speech (Dates:_____)
___PT (Dates:_____) ___Feeding (Dates:_____)

School: _____
Grade:_____ Schedule: ____ Full time ____Modified:(_____)
Services at school? How often?_____

Therapy Concerns/Goals: _____
_____
_____
_____

What are your child's strong likes? _____
_____

What are your child's strong dislikes? _____
_____

Does your child have a specific way of communicating? (Communication system, signs, gestures, etc.) _____
_____
_____

What else should we know about your child? _____
_____
_____
_____
_____