Pediatric Therapy Rehab Intake Form

Please *carefully* fill out the following information and bring it to the initial evaluation. Please put N/A if not-applicable.

Child's Name: _____ Date of Birth: _____

Parent(s') Name(s): _____

Address: _____

Phone #: home: _____ Cell: _____

Referring Physician: _____Pediatrician: _____

Referral for: _____physical therapy _____occupational therapy _____ Speech

Names of any other doctors involved in your child's care: _____

_____

Insurance Name and authorization #: _____

Current medications: _____

Allergies: _____

Reason for therapy referral: _____

_____

Your main concerns for your child: _____

_____

Birth weight: _____ Current Height and Weight: _____

Medical History:

Was your child born full-term? _____ At what week were they born? _____

Vaginal or Cesarean birth: _____ Breastfed / how long: _____

Complications with pregnancy AND/OR birth: _____

_____

3330 Lomita Blvd, Torrance, CA 90505
Rehab Services – 5th Floor, West Tower
Phone: (310) 325-9110 x2000; Fax: (310) 784-4978

TORRANCE MEMORIAL MEDICAL CENTER

Other medical issues and any surgeries: _____

_____

Has your child received <u>any</u> speech, physical or occupational therapy before (please note what kind, how long and for what problem was the therapy was provided for):

_____

_____

_____

Does your child <u>currently</u> receive any speech, physical or occupational therapy- please explain:

_____

_____

Name of daycare / school and/or type of classroom/grade: _____

_____

Please fill in the age your child reached these milestones:

_____ Floor sitting without support **_____ Creeping on hands and knees**

_____ Walking without support **_____ Fed self finger food**

<u>*The initial evaluation is scheduled for 50 Minutes. *It is essential* that you arrive 20 minutes early to sign documents and provide a copy of your insurance card. If you are late for the visit, your child will be provided with *only* the remaining time scheduled *and/or* rescheduled for another date if necessary.</u>

<u>**Free parking is in the West Tower Parking Structure. Parking can be difficult at times; please plan accordingly.</u>

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