

Child's Name:

Date:

In an effort to provide the best care for your child we would like to have you fill out the following information.

My child learns best with (circle ALL that apply):

Demonstration      Verbal Instruction      Written Instruction      Physical Help

Comments: \_\_\_\_\_

I (parent / caregiver) learn best with (circle ALL that apply):

Demonstration      Verbal Instruction      Written Instruction      Physical Help

Comments: \_\_\_\_\_

**When my child is experiencing pain or discomfort he/she will:**  
(Please circle correct response)

Be able to describe his level of discomfort by using a 0 to 10 scale:    YES                  NO

Be able to point to the face chart to describe his pain:    YES                  NO

**Describe your child's behavior** in the following circumstances:

When they have MILD discomfort, they will: \_\_\_\_\_

When they have MODERATE discomfort or pain they will: \_\_\_\_\_

When they have SEVERE pain they will: \_\_\_\_\_

We understand that as children grow, develop and mature that these answers may change. Please notify your therapist as changes occur.

Parent Signature: \_\_\_\_\_