

*Sunshine Pediatric Therapy, LLC*

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Name of Child: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Form completed by: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Physician(s): \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Hospitalizations/Surgeries: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Previous psychological  
testing: \_\_\_\_\_

\_\_\_\_\_

Current  
Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has student had a recent eye exam?     YES     NO

Name of Eye Doctor: \_\_\_\_\_

Has student had a recent hearing exam?     YES     NO

Name of Ear Doctor: \_\_\_\_\_

**Birth History**

Child was born:  fullterm     premature

How many weeks premature? \_\_\_\_\_

Delivery:  vaginal     C-Section

Were there any  
complications? \_\_\_\_\_

\_\_\_\_\_

Was your child placed in the Newborn Intensive Care Unit? \_\_\_\_\_

If so, how long? \_\_\_\_\_

Please describe any other medical problems or complications at birth

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### **Developmental History**

**\*Indicate: Delayed (D), On Time (OT) or N/A\***

Rolled over:\_\_\_\_\_

Babbled:\_\_\_\_\_

Sat alone:\_\_\_\_\_

Talking 2-3 words\_\_\_\_\_

Crawled:\_\_\_\_\_

Drank from cup:\_\_\_\_\_

Pulled to stand:\_\_\_\_\_

Spoon/Fork use:\_\_\_\_\_

Stood alone:\_\_\_\_\_

Toilet trained:\_\_\_\_\_

Walked alone:\_\_\_\_\_

Dressed self:\_\_\_\_\_

Current physical limitations/Equipment used:\_\_\_\_\_

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Does your child have a history of aggressive behaviors to self or to others? If yes, please explain.

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List extracurricular activities (sports, clubs, playtime, etc.)

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Please circle the words that seem to describe your child:

affectionate

likes people

demanding

playful

confident

overactive

calm

fearful

good disposition

shy

fearless

angry

stubborn

sad

hard to comfort

curious

joyful

other:

**\*\*Thank you so much for taking the time to fill out this questionnaire. This information will help me become more familiar with your child so that I can**

provide the best service possible to you and your child. If you have any additional comments, please list them below.\*\*

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

Date: \_\_\_\_\_