

# TRIANGLE THERAPY SERVICES

## CLIENT HISTORY AND DAYCAMP PARTICIPATION AGREEMENT

To be completed by the parent/legal guardian

### GENERAL INFORMATION

Patient's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ M or F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Permission to contact by email: Y or N

### THERAPY HISTORY

What therapy services is the client currently receiving and where? (PT/OT/Speech/Other)

School: \_\_\_\_\_

Private: \_\_\_\_\_

\_\_\_\_\_

### HEALTH HISTORY

Please indicate current or past problems in the following areas:

	Yes	No	Description
Vision			
Hearing			
Sensory			
Cardiovascular			
Digestion/Elimination			
Emotional/Behavioral			
Pain/Joint/Muscular			
Seizures			
Thinking/Cognition			

What medications is the patient currently taking, including over the counter medications?

Does your child have any allergies? (food, medicine, or other) \_\_\_\_\_

**CLIENT SNAPSHOT**

(Help us better know your child)

Describe your child's abilities/difficulties in the following areas:

**GIFTS/TALENTS:** (Strengths, what your child brings to the group)

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**PHYSICAL FUNCTION:** (i.e. mobility level, equipment use, transfers, level of supervision needed)

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**LANGUAGE:** (approximate # of words, signs, sentences your child has)

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**SELF CARE:** (Toileting needs, snack information)

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*We will not routinely change diapers/assist with toileting during camps unless it is a necessity. Please change your child right before camp starts. If, changing is required, do you give permission for an adult to change your child/assist in the bathroom: Y or N.*

**SOCIAL/BEHAVIORAL:** (Please describe your child's personality or any behavioral issues with successful methods used for handling them)

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**GOALS:** (What would you like your child to accomplish or come away from camp with?)

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*We look forward to working with your camper!*