

Horn and Associates in Rehabilitation, PLLC

Physical Therapy Questionnaire

Today's Date _____

Child's Name _____ Date of Birth _____

Describe the main physical/motor difficulty in which you are seeking services.

Are there any medical/emotional/environmental factors that you believe contribute to the physical/motor difficulty? If yes, please describe.

Has your child been diagnosed with any condition related to the physical/motor difficulty? If so, please list.

Was your child extraordinarily stiff or floppy as a baby? _____

Does your child seem weaker on one side versus the other side? _____

Does your child have any particular places in his/her body that he/she cannot move freely? _____

Does your child have difficulty with any of the following? (please circle):

Head Control	Sitting	Standing	Walking
Rolling	Crawling	Jumping	Holding a Position
Going Up and Down Stairs	Endurance with Activities	Strength	Learning New Movements
Balance	Difficulty Controlling Body	Skiping	Playing on Playground
Throwing/Catching	Riding a Bicycle	Getting In or Out of Positions	