



## HORN AND ASSOCIATES IN REHABILITATION, PLLC

2412 Greatstone Point  
Lexington, Kentucky 40504  
Phone (859) 224-4081

[www.horntherapy.com](http://www.horntherapy.com)

4127 Todds Road  
Lexington, Kentucky 40509  
Fax (859) 224-4082

### Developmental and Medical History

Was the child born full term? \_\_\_\_\_ If premature, how many weeks? \_\_\_\_\_

Please describe pregnancy (any infections or illnesses, stress, complications, medications, etc.)

\_\_\_\_\_

Please describe labor and delivery (vaginal, Cesarean section, induction, complications, length of labor, etc.)

\_\_\_\_\_

Please describe any significant neonatal issues (NICU stay, need for oxygen and/or fetal monitor, congenital abnormalities, need for surgery, difficulty with feeding, jaundice, colic, etc.)

\_\_\_\_\_

Please list history of significant illnesses, surgeries, hospitalizations, etc., such as frequent ear infections, strep throat, gastrointestinal issues, seizures, asthma, allergies, need for ear tube placement, tonsillectomy, etc.

\_\_\_\_\_

Please list any specialists your child has seen, along with when seen and reason for visit.

\_\_\_\_\_

Has your child had a hearing evaluation? Please list findings \_\_\_\_\_

Has your child had a vision screening and/or wear glasses? \_\_\_\_\_

Please list any medications your child takes \_\_\_\_\_

Please list any diagnoses your child may have received

\_\_\_\_\_

To the best of your knowledge, at what age did your child:

Roll over \_\_\_\_\_ Sit Independently \_\_\_\_\_ Crawl \_\_\_\_\_

Stand Alone \_\_\_\_\_ Walk \_\_\_\_\_ Go Up and Down Stairs \_\_\_\_\_

Finger Feed \_\_\_\_\_ Transition to Solid Foods \_\_\_\_\_ Transition from Bottle to Cup \_\_\_\_\_

Use Utensils to Feed Self \_\_\_\_\_ Toilet Train \_\_\_\_\_ Sleep through the Night \_\_\_\_\_

Say First Word \_\_\_\_\_ Put Two Words Together \_\_\_\_\_ Follow Simple Directions \_\_\_\_\_



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### Family and Social History

Please list individuals (with their ages and relationship to child) that live in the same home with the child

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Do any family members or those living with child have a history of developmental concerns or delays? If so, please list relationship and concern

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What is the primary language spoken in the home? \_\_\_\_\_

Are there any other languages spoken in the home? If so, please list \_\_\_\_\_

Does your child interact with same-age peers or other children?

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Does your child interact well with other children?

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What is your child's favorite activities/toys?

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Please describe your child's personality and strengths

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