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### Medical History Form

1. Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_
2. Birth weight: \_\_\_\_\_ lbs. \_\_\_\_\_ oz. Apgar scores: \_\_\_\_\_
3. Any problems during pregnancy? \_\_\_\_\_
4. Any issues during labor and delivery? \_\_\_\_\_
5. Neonatal history: any time in the intensive care unit? Yes \_\_\_\_\_ No \_\_\_\_\_  
jaundice? \_\_\_\_\_ on oxygen? \_\_\_\_\_ tube feedings? \_\_\_\_\_
6. Were there any feeding difficulties or other issues in your child's first few months?  
No \_\_\_\_\_ Yes \_\_\_\_\_ Please explain: \_\_\_\_\_
7. Any illnesses, surgeries or injuries that are pertinent to your child's medical history?  
What and When? \_\_\_\_\_  
\_\_\_\_\_
8. General health? Good: \_\_\_\_\_ Fair: \_\_\_\_\_ Poor: \_\_\_\_\_ Describe: \_\_\_\_\_
9. Current medications: \_\_\_\_\_
10. Allergies: \_\_\_\_\_
11. Your general impression of your child's feeding development: \_\_\_\_\_  
Any recent issues? \_\_\_\_\_  
Any feeding difficulties? \_\_\_\_\_ texture issues? \_\_\_\_\_
12. How would you describe your child's social interactions and communication skills?  
At home: \_\_\_\_\_  
At school: \_\_\_\_\_
13. Approximate age when your child:  
rolled: \_\_\_\_\_ sat up independently: \_\_\_\_\_ crawled: \_\_\_\_\_  
pulled to stand: \_\_\_\_\_ walked: \_\_\_\_\_ used a spoon: \_\_\_\_\_  
used words: \_\_\_\_\_
14. What is your general impression of your child's motor development?  
Gross motor (running, jumping, ball skills): \_\_\_\_\_  
Fine motor (cutting with scissors, pencil grip): \_\_\_\_\_  
Handwriting skills: \_\_\_\_\_
15. Names of child's siblings (if applicable): age sex grade school  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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