

# The Pediatric Therapy Clinic, Inc.

5150 Stilesboro Rd. Suite 430  
Kennesaw, GA 30152  
770-218-2300 Office 770-218-2201 Fax

## Parent Questionnaire

Patient Name \_\_\_\_\_

Today's Date: \_\_\_\_\_

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

Parent email address: \_\_\_\_\_

### **I. Medical/Developmental History**

1. Were there any complications during the labor or delivery of your child? If so, please describe:

2. At what stage of the pregnancy was your baby delivered (e.g., 34 weeks)?

3. What was your child's birth weight?

4. Were there any concerns immediately after the birth of your child (e.g., low Apgar scores)?

5. At what age did your child achieve the following motor milestones?

• Sitting independently:

• Crawling:

• Walking:

6. At what age did your child develop language?

• One word:

• Simple phrases:

7. At what age was your child toilet trained? (If delayed, please explain):

\*\*\*8. Does your child have any allergies? If so, please list:

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### **II. Overall Behavior**

Answer Yes or No; if “yes”, please describe.

Does your child:

1. Become easily frustrated?
2. Have outbursts of uncontrolled behavior?
3. Do better with a structured routine?
4. Have difficulty following directions or following rules?
5. Have difficulty forming relationships, making friends, or being accepted by peers?
6. Complain of physical problems (e.g., headache, stomachache)?
7. Display a heightened sensitivity to sensory input (e.g., to touch, smell, sounds)? Please describe:

### **III. Fine Motor and Self-Care Skills**

1. At what age did your child establish hand dominance? What is your child’s dominant hand?
2. Does your child participate in constructional or building activities (e.g., puzzles, building blocks)?
3. Does your child have difficulty using eating utensils appropriately (e.g., stabs food with fork, scoops with a spoon, cuts food using a fork and knife together)?
4. Does your child have difficulty dressing independently? Does your child assist with dressing?
10. Does your child have difficulty tying shoes?

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### IV. Language

1. Does your child have poor articulation when talking (difficult to understand)?
2. Have there been any significant changes in your child's speaking ability in the last six months?  
If so, describe.

3. How well is your child understood by: (i.e. what percentage of the time?)

Mom:                      Dad:                      Siblings:                      Unfamiliar Adults:

4. Age when your child spoke first word:                      combined words:                      spoke in sentences:

5. What was your child's first word(s)? \_\_\_\_\_ First sentence? \_\_\_\_\_

6. Which sounds (if any) are incorrect?

7. How many words can your child say? (List if fewer than fifteen)

8. How long are your child's sentences?

9. Does your child have any difficulty understanding you? (Describe)

10. Does your child have difficulty following directions? (Describe)