4350 E Ray Rd. Suite 101A, Phoenix, AZ 85044 **|** Phone 480.704.5954 **|** Fax 480.704.5807

**PATIENT INFORMATION**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Information:**

|  |  |  |
| --- | --- | --- |
| Patient Name: | Date of Birth: | Diagnosis: |
| Address: | Major Crossroads: | Email: |
| Home Phone:  Cell Phone:  Work Phone: | Name of Parent/Guardian: | Names and Ages of Siblings: |
| Name of School/Teacher: | Phone Number of School: |  |
| Pediatrician: | Address: | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Neurologist: | Address: | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Developmental History**

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| --- |
| Perinatal History – Please describe any complications before, during, and after birth: |

|  |
| --- |
| Approximate Age of Developmental Milestones:  Roll: Sit Alone: Crawl: Walk: First Word: |

|  |
| --- |
| Please discuss the **current status** of the following:  Mobility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Feeding: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Speech: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Past Medical History**

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| --- |
| Previous Hospitalizations/Surgeries – Please list type, date, and doctor: |

|  |  |
| --- | --- |
| Current Medications: | Drug/Food Allergies: |