

Patient's Name: _____

Patient's Age: _____

Male or Female

Referred By: _____

Was patient born on time, early or late? _____

If early or late, how much? _____

What was patient's birth weight? _____

Was delivery natural or c-section? _____

Were there any post-natal problems or complications? YES or NO

If yes, what were they? _____

Does the patient have any learning disabilities? YES or NO

If yes, what are they? _____

Does the patient have any illnesses or medical problems? YES or NO

If yes, what are they? _____

Has the patient ever had surgery or been hospitalized? YES or NO

If yes, for what? _____

Is the patient currently taking any medications? YES or NO

If yes, what are they? _____

Does the patient have any allergies? YES or NO

If yes, what are they? _____