Confidential Patient Health Record

Today's date ______________________

Name ________________________________ Date of birth _____________________ Age _____

Address ____ Apt # ______________

City ______________________________ State __________________ Zip _________________

Home phone (____) ______________________ Work phone (___) __________________________

Email address ______________________________ Best way to reach you: ______________

Referred by ____

Occupation ________________________________ Employer ____________________________

Marital Status: S M D W Name of spouse ____________________________

Name of children/siblings	Age	Sex	Any concerns? *(Use separate sheet if needed)*
____________________	____	M / F	________________________________
____________________	____	M / F	________________________________
____________________	____	M / F	________________________________

Please provide details if any or all of the following applies to this client: ☐ was adopted

Lives with:

☐ Mother ☐ Father ☐ Both ☐ Stepparent ☐ Legal guardian ☐ Other: ________________

OVERALL HEALTH (circle one) Excellent / Good / Fair / Poor / Other: ________________

____

Reason you are here: ____

____

____

____

____

____

Previous treatments for this complaint: ____

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____

____

____

____

Other complaints or problems: *(Use a separate sheet if needed.)* ____________________

The following questions are part of the background necessary to evaluate your learning problems. A number of factors involved with the prenatal, birth, and early postnatal periods are sometimes associated with learning difficulties. Please briefly indicate if any of the listed items below apply and note any that are not included in this list.

1. Mother of client:
   - ☐ Sickness of any kind. (*Describe*) ____________________
   - ☐ Anything requiring medical attention of any kind during or as a result of pregnancy or birth?
2. Client's birth:
   - ☐ Any difficulty in the birthing process? (e.g. cord around neck, posterior presentation, forceps, oxygen problems at birth, baby bluish) ____________________
   - ☐ Foetal distress at birth? ____________________
   - ☐ Was your baby removed for a period before presentation to you? ____________________
     If yes, for how long? ____________________
   - ☐ Was there a period of extended separation, e.g. premature? ____________________
   - ☐ Medical treatment of any kind needed? ____________________
   - ☐ Any other problems? ____________________
3. Are you currently under the care of a physician, therapist, or other health care professional?
   If yes, please list name(s) and date(s) of last visit. ____________________
4. Current medications/drugs being taken: ____________________

5. Nutritional supplements you are taking: ______________________________

6. Do you smoke, drink alcohol, or consume any other substances? *If yes, indicate how much.*
Cigarettes __________ *Alcohol* __________ *Other substances* __________

7. Have you suffered any serious childhood diseases, had any operations, or other medical problems? ______________________________

8. Have you ever been knocked unconscious? If yes, for how long and under what circumstances?

9. Have you ever been in a car accident? If yes, did you get whiplash? *(describe)* __________

10. Have you ever had an epileptic fit? *If yes, describe.* ______________________________

11. Have you ever suffered febrile seizures (high temperature induced fits or seizures), especially between 18 months and 3 years? *If yes, describe.* ______________________________

12. Do you suffer from asthma?____Taking medication for it? ______ Which and how often?

13. When did you start to crawl?___________Did you crawl normally - opposite hand and knee - or did you tend to scoot along on your bum or drag/extend one leg?__________________

14. When did you start talking? ____________ Was there any verbal language delay?______If so, how long? ______________________________

15. Any household pets or other animals you or your family members are in close contact with?

16. How would you describe your mood on a day-to-day basis? ______________________________

17. Any other facts or information that you feel are relevant? ______________________________