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Patient Information Form

Reason for Referral:

- **Gifted**
- **Other (Please explain):** _____

_____

Student's Name: _____ **Nickname:** _____

Age: ____ **Date of Birth:** _____ **Sex: ( ) Male ( ) Female ( ) Other** _____

Primary Language _____ **Other Languages** _____

Place of Birth: _____

If not born in Florida, when did child move to Florida? _____

Parent's Name: _____ **Age:** _____

Home Address: _____

City/State/Zip: _____

Occupation: _____ **Education** _____

Place of Employment: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Fax Number:** _____

E-mail Address: _____

Second Parent's Name: _____ **Age:** _____

Home Address: _____

City/State/Zip: _____

Occupation: _____ **Education:** _____

Place of Employment: _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Fax Number:** _____

E-mail Address: _____

Parents are: ( ) Married ( ) Divorced ( ) Separated ( ) Widowed ( ) Single
How long married? _____ **How long separated/divorced?** _____
How long widowed? _____ **Child's age at separation, divorce or death?** ____
If parents are divorced, what is the custody arrangement? _____
_____

Siblings

Name	**Age**	**Sex**	**School/Grade**	**Living at home (Y/N)**

Others living in the home? Yes ( ) No ( ) If yes, please complete below.

Relationship: _____ **Age:** _____

Relationship: _____ **Age:** _____

Birth and Developmental History

Pregnancy and Delivery

Length of pregnancy: _____

Were there any complications during pregnancy? ( ) Yes ( ) No

If so, please explain: _____

_____

Type of Delivery: ( ) Caesarian ( ) Vaginal Birth Weight: _____

Please describe your child's health during and after delivery. _____

_____

Please describe your child's temperament as an infant. _____

_____

Developmental Milestones (*Please give approximate ages):*

Age sat up: _____ Age crawled: _____ Age walked: _____

Age spoke first word: _____ Age spoke in sentences: _____

Age potty trained at day: _____ Age potty trained at night: _____

Please indicate any areas of concern for your child:

_____ Getting along with peers _____Impulsivity _____Paying attention

_____ Sensory Integration _____(Other – Please describe)

Medical History

The child's current health is: ( ) Excellent ( ) Good ( ) Fair ( ) Poor

Please indicate if your child has suffered from any of the following:

___ Head Injury – If so, was there any loss of consciousness? No ____ Yes __

____ Seizures ___ Chronic Ear Infections ___ Asthma

____ History of acute or chronic illness of any kind. If yes, please describe: _____

_____

Has your child ever been taken to the emergency room, hospitalized or had outpatient surgery since birth? ( ) Yes ( ) No

If yes, please describe the incident, treatment and age when incident occurred.

_____

_____

Is your child currently taking medication or has he/she ever taken medication?
Yes ( ) No ( )

If yes, please include name of medication, how long it has been prescribed and the reason for taking medication.

_____

_____

Name of physician prescribing medication _____

Screening/evaluation for hearing? If so, date of most recent exam and results: _____

_____

Screening/evaluation for vision? If so, date of most recent exam and results: _____

_____

Has your child ever received speech/language therapy, occupational, and/or physical therapy? If so, please specify dates, reason for therapy, and therapist.

_____

_____

_____

Educational History

Age child began daycare, nursery, or preschool _____

Please list all of the schools your child has attended (including preschool/daycare):

Name	**City**	**Grade(s)**

Current School: _____

Grade: _____ **Name of Teacher:** _____

School's Phone Number: _____

Teacher's E-mail address: _____

Zoned Elementary School: _____

Zoned School for Gifted program: _____

Social Relationships and Activities

Does your child interact appropriately with peers and/or siblings? If not, please explain.

_____

_____

_____

What activities does your child participate in and/or what hobbies does he/she enjoy?

_____

_____

Whom may we thank for referring you? _____