

## **MEDICAL HISTORY FORM ADDITIONAL QUESTIONS**

### **CLIENT NAME**

1. Describe the child's Social History- family support, siblings/ages, leisure activities, special interests, play preference or response to peers
2. What have you been told by a doctor, teacher and/or others about your child's abilities and needs
3. Self care/daily routine- typical mealtime, getting dressed, bath time, toileting, transitioning between tasks, completing homework
4. Reaction to change- new environments, new people, new activities
5. Cognition- attention, ability to follow directions, recall and decision making and problem solving
6. Home environment- house/apartment, cluttered/ neat, individual bedroom or shared, etc.....

***We are looking forward to working with you!!***