

# Physical Therapy (PT) Pre-Evaluation Questionnaire Toddler and Up

Child Name:	_Date of Birth:
Caregiver Information	
Caregiver's Name:	

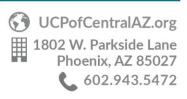
Role in Child's Life: Parent Grandparent Foster Parent Other\_\_\_\_\_

List your primary a	reas of concern: <i>Check all that apply</i>				
Equipment	□ Ataxic/Uncoordinated Movement	□ Following Instructions			
□ Orthotics/ Braces	□ Delayed Gross (Large) Skills	□ Other			
□ Tight Muscles	□ Frequent Falls/Clumsiness				
□ Muscle Weakness	$\Box$ Play Skills on Playground				
□ Torticollis	□ Participation in Sports				
□ Toe Walking	□ Attention				
Share what you want to accomplish by having a physical therapy evaluation:					
Can your child follow one-step instructions to evaluate independent gross (large) motor skills? Describe					

# Therapy Specific Questions: Check all that apply for your child's stage of development

## **Gross (Large) Motor Skills**

Does your child	Yes	No	Does your child	Yes	No
Sit independently			Walk independently		
Crawl			Run		
Stand at furniture			Walk up stairs		
Walk with assistance			Jump		





## **Child's Daily Environments**

Home	Yes	No	Daycare or School	Yes	No
Steps into house			Climbing playground equipment		
2 or 3 stairs			Long hallways to classroom		
Stair case with 3 or more stairs			Curbs		
Tub			Ramps		
Ramps to door			Doors that open with door handles		

## **Equipment Specific Questions**

#### **Medical Equipment**

#### Does your child have any equipment needs? $\Box$ Yes $\Box$ NO *If yes, please explain.*

Does your child need or use assistive devices such as wheelchair, walker, crutches, cane, etc.

Does your child need or use adaptive equipment such as stander, toilet seat, bath chair, etc.?

Does your child have braces or orthotics for feet or hands?

What is your child's primary means of mobility? Do they use rolling, crawling, scooting on bottom, walking, stroller or wheelchair to get around?

What are your child's greatest challenges when out in the community when visiting the park, the store, or family or friend's house etc.?

Please provide as much information as possible. The physical therapist will review this information for your child's initial physical therapy evaluation.

UCP looks forward to serving you and your child!

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