



CHILDREN'S PHYSICAL DEVELOPMENTAL CLINIC

Medical Questionnaire Addressed to Physician

Your assistance is requested with the following questions. The information you provide will enable the clinic staff to gain a greater understanding of this child and assist with the development of an individualized physical, motor, and aquatic developmental program to meet the child's needs. The questionnaire will be kept in a confidential file and will be shared with only the clinic administrative staff and the child's clinician.

Name of Child: _____
 (Last) (First) (MI)

Date of Birth: _____
 (Month)(Day) (Year) (Age)

1. Description of child's medical condition/disability.

2. Etiology of condition/disability and date of onset.

3. Has this condition changed in the past year? Check one.
 () Unchanged () Improved () Regressed

4. If the condition has improved or regressed in the past year, please comment.

5. Are there other conditions/disabilities in addition to the major concern that should be brought to our attention? Please explain.

6. If the child's condition(s) can be improved or assisted through specific gross motor activities, please comment.

7. Child may participate in unrestricted physical motor activity.
() YES () NO (If no, please answer question # 8)

8. Indicate those physical or motor activities that are contraindicated for this child.

9. Please state additional precautions that should be considered, e.g. Rx medication and possible reaction, allergies (e.g., peanut, gluten, asthma, and diabetes). Please explain.

10. Has the child been diagnosed with HIV, Hepatitis B or any other communicable disease that should be brought to our attention?

11. Can we phone you concerning additional medical information that may be needed?

Attending Physician: _____ MD
(PLEASE PRINT)

Signature: _____

Date Completed: _____

Address: _____
(NUMBER & STREET)

(CITY) (STATE) (ZIP CODE)

Office Telephone #: () - _____

Thank you for completing this form.

Please return to: Sheila Campbell, Program Director
Children's Physical Developmental Clinic
Bridgewater State University
Bridgewater, MA 02325
Phone: 508-531-1776 Fax: 508-531-2961

Website: my.bridgew.edu/departments/cpdc/

Email: cpdc@bridgew.edu