

# CHILDREN'S PHYSICAL DEVELOPMENTAL CLINIC

## Parent Application & Questionnaire

Please answer the following questions. The information that you provide will enable the Clinic staff to gain a greater understanding of your child and develop an individualized physical, motor and aquatic developmental program to meet his/her needs. This questionnaire will be kept in a confidential file and will be shared with only the Clinic administrative staff and the child's clinician(s).

Date Completed: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(Last) (First) (MI)

Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year) (Age)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Male Female

Parents/Guardians:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Siblings:

Age:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Address:

\_\_\_\_\_  
(Number & Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

School your child is presently attending: \_\_\_\_\_

Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number & Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Telephone #: ( ) \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

## CHILD'S CURRENT HEALTH STATUS

1. What is the nature of your child's condition?
  
2. What is the cause of your child's condition?
  
3. Has your child spent long periods of time convalescing from an illness/accident or therapy your child is receiving?  
( ) YES ( ) NO If yes, please explain.
  
4. Describe the nature of the educational, medical, psychological, speech or other treatment or therapy your child is currently receiving?
  
5. Explain the primary reason(s) for applying to the clinic program.
  
6. Does your child wear braces or use any other orthopedic/prosthetic equipment?  
( ) YES ( ) NO If yes, please explain.
  
7. Has your child ever had a convulsion (seizure)?  
( ) YES ( ) NO If yes, explain.
  
8. Does your child have any allergies?  
( ) YES ( ) NO If yes, explain.
  
9. Is your child currently taking any medication?  
( ) YES ( ) NO If yes, explain.
  
10. Additional Comments:

## **CHILD'S PLAY SKILLS AND PERSONALITY**

1. Would you describe your child as physically active or inactive? Please explain.
  
2. How does your child spend most of his/her leisure time and with whom?
  
3. What are your child's favorite activities, games or sports, swimming? What is your child's swimming ability?
  
4. What opportunities are provided in the home for play?
  
5. Does your child enjoy playing with brothers and sisters or children in the neighborhood? Please explain.
  
6. On average, how much TV or electronics does your child watch/play (hours per day)?
  
7. What is your child's opinion of himself/herself? Please explain.
  
8. Does your child have any fears/anxieties? Please explain.
  
9. Is your child willing to try new things? Please comment.
  
10. How does your child respond to failure and/or success?
  
11. Additional comments:

## EMERGENCY MEDICAL TREATMENT

The family physician who is most familiar with your child's condition who can be contacted for additional information or in case of an emergency.

\_\_\_\_\_  
**Name of Physician** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**Telephone #**

\_\_\_\_\_  
**Parent Signature**

I, the parent and/or legal guardian, hereby give my authority and permission to the Children's Physical Developmental Clinic to seek emergency medical treatment for my child as a result of an illness or accident, which may occur during the child's involvement in the clinic program.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Insurance Company**

\_\_\_\_\_  
**Medical Insurance Number**

\_\_\_\_\_  
**Date**

Person referring you to the clinic program:

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

Please return to:

**Sheila Campbell, Administrative Director**  
**Children's Physical Developmental Clinic**  
**Kelly Gymnasium, Room 107**  
**Bridgewater State University**  
**Bridgewater, MA 02325**  
**508-531-1776**  
**Email: [cpdc@bridgew.edu](mailto:cpdc@bridgew.edu)**  
**Website: [my.bridgew.edu/departments/cpdc/](http://my.bridgew.edu/departments/cpdc/)**