J. Z. MANN PEDIATRIC THERAPY, INC. *ADDENDUM TO PARENT QUESTIONNAIRE (05-2013)*

CHILD'S NAME: _____ DATE OF BIRTH: _____

PHYSICAL THERAPY (PT) QUESTIONS:

Please answer the appropriate questions for the child's **current age**:

0-2 years:
Can child hold head in midline? ☐Y ☐ N *If not, what side does it tilt to?* ☐ Left ☐ Right
Does patient walk up on toes? ☐Y ☐ N

2-4 years of age:
Can child hop/ jump without Falling? ☐ Y ☐ N
Can child throw/ catch a ball? ☐ Y ☐ N
Can child ride a tricycle? ☐ Y ☐ N

5-9 years of age:
Can child ride bike with/without training wheels? ☐ Y ☐ N
Can child jump rope 2-3 times? ☐ Y ☐ N
Can child balance on one leg for 10 seconds? ☐ Y ☐ N
Can child jump & run in rhythm to simple tunes? ☐ Y ☐ N

For ALL Ages:
Does child have balance issues? ☐ Y ☐ N *If Yes, please explain:*

Does child complain of pain? ☐ Y ☐ N *If Yes, where is pain located/what makes it worse?*

Was there any accident/injury that caused the current problem? ☐ Y ☐ N *If Yes, please explain:*

Any activity restrictions due to skeletal Anomalies (i.e. atlanto-axial instability)?

FAMILY CONCERNS/GOALS:

Please list YOUR PT concerns:

Please list YOUR PT goals for the child for the next SIX months:

_____ _____ _____ _____
Signature Printed Name Relationship to Patient Date

Revised 1/17/2018