



Janet Green Babb, M.S., P.T.
 Developmental Progressions
 Pediatric Physical Therapy

OFFICE USE ONLY	
Date Rec'vd	
Date Proc'd	
1st Appt	

Client Intake Form

Referred by _____
 Name

CLIENT INFORMATION

 Child's Name

_____/_____/_____
 Date of Birth

 Parent/Guardian 1

 Parent/Guardian 2

 Name of School Child Attends

 Pediatrician's Name

 Hospital

 Pediatrician's Address

 Pediatrician's Telephone (_____) _____ - _____ ext. _____

Birth History

Full Term or Premature? _____

If premature, weeks gestation? _____

Complications before, during or after birth?

CLIENT INFORMATION

CONTINUED...

Medical History

Diagnosis

Medical Concerns

Medications

Developmental History

What is your child's present level of motor ability?

What are your child's strengths?

CLIENT INFORMATION

Developmental History CONTINUED

What are your child's challenges?

What are your goals for physical therapy?

Has your child received other therapy? (please specify PT, OT, Speech)

Type / Name of Therapist	Phone Number	Start/End Date
/	()	-
/	()	-
/	()	-
/	()	-

Please list other professionals following your child.

Name of Doctor	Specialty	Phone Number
		()
		()
		()
		()

FAMILY INFORMATION

Parent/Guardian 1 Information

Name _____ Occupation _____

Address _____

Primary Phone Contact () _____ - _____ cell / home / work

E-Mail Address _____

Parent/Guardian 2 Information

Name _____ Occupation _____

Address _____

Primary Phone Contact () _____ - _____ cell / home / work

E-Mail Address _____

Siblings / Other Family

Name	Relationship	Age

INSURANCE INFORMATION

Subscriber's Name: _____

Subscriber ID Number: _____

Group/Plan: _____

Company: _____

Address: _____

Telephone: (_____) _____ - _____ ext. _____

Contact Person: _____

BILLING CONTRACT

Billing statements are mailed at the beginning of the month with payment due by the last day of the same month.

The client's family is responsible for sending the invoice to the insurance company. The client's family is responsible for arranging payment, in full, of all services rendered by the due date.

I understand and agree to comply with the above stated policy.

Parent/Guardian Signature

Date

Thank you. I appreciate the opportunity to work with your child.

Janet Green Babb, M.S., P.T.

