

THERAPY SUBJECTIVE INFORMATION

Name: _____	
Age and Gender: _____	Date of Evaluation: _____
Date of Birth: _____	Referring Doctor: _____
Medical Diagnosis: _____	Precautions and Current Medications: _____
Therapist-in-charge: _____	

History of Present Illness

During Pregnancy	Delivery	Postnatal
<ul style="list-style-type: none"> Planned pregnancy Unplanned pregnancy Age of mother during pregnancy: _____ Age of father: _____ Medications: _____ Regular monthly check-ups for pregnancy Illnesses: _____ <ul style="list-style-type: none"> Diabetic Hypertensive Smoker Alcoholic Drinker Miscarriage/Pregnancy Loss 	<ul style="list-style-type: none"> Cesarean Delivery Normal Vagina Delivery Hours of Labor: _____ Full-term (>37 weeks) Pre-term (<37 weeks) Complications <ul style="list-style-type: none"> cord coil pre-eclampsia infection high blood pressure abnormal heart rate vaginal bleeding early water break lack of oxygen others: _____ 	<ul style="list-style-type: none"> Trauma/Accidents: _____ Illnesses: _____ <ul style="list-style-type: none"> Hand-Foot-Mouth Disease Flu Ear Infections Hospitalizations: <ul style="list-style-type: none"> Pneumonia Dengue Others: _____ Interventions received: <ul style="list-style-type: none"> Occupational Therapy Physical Therapy Speech Therapy
Ilang taon ang bata ng unang mapansin ang kakaiba?		
Anu-ano ang unang napansin na kakaiba sa kanya?		
Kelan o ilang taon ang bata ng ipinatingin ito sa doctor or specialist?		

Personal History: (Encircle the dot)

Pang-ilan sa pamilya: _____

Father's Occupation: _____

Ilan ang kapatid: _____

Mother's Occupation: _____

Physical Context		Social Context
<ul style="list-style-type: none"> 1-floor 	<ul style="list-style-type: none"> 2-floor 	<ul style="list-style-type: none"> Primary Caregiver: <ul style="list-style-type: none"> parents (mother/father) siblings neighbors cousins
<ul style="list-style-type: none"> House 	<ul style="list-style-type: none"> Apartment/Condo 	
<ul style="list-style-type: none"> Maluwag o sapat ang space 	<ul style="list-style-type: none"> May hangin o maayos na ventilation 	
<ul style="list-style-type: none"> May ilaw o electricity 	<ul style="list-style-type: none"> May mga laruan sa bahay 	
<ul style="list-style-type: none"> Malapit sa pamilihan 	<ul style="list-style-type: none"> Malapit sa ospital 	<ul style="list-style-type: none"> Pang-ilan sa magkapatid:

Social History

Sino ang mga nakakasama ng bata sa bahay? Pakisaad ilang ang mga taong nakatira sa tahanan.

Sino ang nakakalaro at nakakasalamuha ng bata?

Pakisaad kung ano ang usual routine o araw-araw na ginagawa ng bata sa loob ng isang araw.



Ano ang mga hilig ng bata (toys, games, activities, hobbies, etc)? At ano naman ang mga ayaw nito?

Behaviors at home (compliant, listens to family members, tantrums and meltdowns, etc)

School and Intervention History

School Name		Other Interventions	
Grade Level		Goals Achieved/ Improvements (mga pagbabago sa bata o natutunan ng bata)	
Placement (Inclusion, Special Education, Homeschool, etc)			
Strengths (subjects na magaling ang bata)			
Limitations (subjects na nahihirapan ang bata)		Regressions (if any) (mga pagbabagong hindi maganda)	
Socialization (Paano makisalamuha sa school? May mga kaibigan ba ito?)			

FORM CREATED AND EDITED BY:	
Ira Gabrielli K. Delos Reyes, OTRP	PRC Lic. No. 0004390
Teresa Mari E. Manalo, CSP-PASP	PASP No. 17-0470
Abbey A. Mendoza, OTRP	PRC Lic. No. 0003614