OUT EAST THERAPY of NEW YORK for OT,PT,SLP, RN and Psychology Services, PLLC

P.O. Box 1312 ● Center Moriches, NY 11934
Phone (631) 874-0571 Fax (631) 878-0527
● info@outeasttherapy.com

Registration Form

Student Name_____ Date Of Birth_____
Nick Name (if any)_____ Male/ Female_____
Parent's Name/s_____

The more we know your child the better we are able to help him/her! We encourage you to share some information with us by responding to the following questions. Thank you.

I. COMMUNICATIONS

A. Describe your child's verbal communication skills.

_____
_____
_____

B. When did your child begin to talk? _____

C. Is any other language spoken at home? _____
If so, what language? _____

D. Describe your child's interaction with books.

_____
_____

E. Does your child appear to understand and carry out directions?
_____

II. MOTOR SKILLS

A. Describe your child's writing/drawing skills (Is she/he attempting to write his/her name, draw with a crayon, with a pencil, etc?)

_____
_____

B. Describe your child's muscle motor skill, such as: running, jumping, hopping, skipping, catching and/or throwing a ball.

_____
_____
_____

C. Does your child show a hand preference? _____
If so, left_____ or right_____?

D. Does she/he prefer different hand for different activities? _____
If so, please give a few examples. _____

III. Medical Information

A. Please describe any medical problems your child may have:

1. Allergies
_____
2. Attention _____

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3. Hearing_____
4. Vision_____
5. Speech_____
6. Anxieties_____
7. Family history of learning difficulties_____
8. Toileting_____
9. Sleep disturbances_____
10. Hyperactivity_____
11. Other _____

B. Has your child received any special needs services from a professional for any of the above areas (such as OT, PT, SLP, Counseling, Nursing)

_____

_____

IV. Socialization Skills

Describe how your child interacts with peers.

_____

_____

_____

_____

_____

V.....Preschool Background

A. Has your child attended preschool? Yes_____No_____

If so, how long and name of school:

_____

VI. Is there anything else you would like to tell us about your child?

_____

_____

_____

_____

_____

Parent Signature_____ Date_____

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