

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 _____
Nickname (if any) _____ Male/Female _____
Parent's Name(s) _____

The more we know about 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. COMMUNICATION

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.

D. 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: _____

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III. MEDICAL INFORMATION

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

1. Allergies _____
2. Attention _____
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 HISTORY

A. Has your child attended preschool? Yes _____ No _____

If so, how long and name of school:

VI. What would you like to see your child progress in?

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

Parent Signature _____ Date _____