

## Developmental Therapy Associates & Absolute Speech and Language Therapy

3624 Shannon Rd. Suite 104 Durham, NC 27707 Phone: 919-493-7002 Fax: 919-403-1407 875 Walnut St. Suite 100 Cary, NC 27511 Phone: 919-465-3966 Fax: 919-465-3886 186 Wind Chime Ct. Suite 104 Raleigh, NC 27615 Phone: 919-870-1280 Fax: 919-870-1285

## **Patient Demographic Information**

		-		
Child's Name:				Date of Birth:
School:		Grade:		Gender:
Parent 1:		Par	ent 2:	
List relationship of other people in the home:				
Who has custod	ly/guardianship of child:		Who is/are primary caregiver:	
Medications:				
Allergies:				
Birth/Pregnancy History: (ie: any complications, premature, required hospitalization after birth)				
Diagnosis:	ADD			
	ADHD	Depression		
	Anxiety	High Fever		
	Asthma	Ear Infection		
	Autism	Seizures		
		Head Injury		
	Colic	Learning Disability		
	Other			

Therapy History OT

Counseling

Psychiatry

(Choose all that apply)

Speech

Psychology

Other

PT

Neurology

N/A

Vision and or hearing Screen

Has Glasses

Has support at school

Yes

(Please bring a copy if applicable)

No

**Developmental Milestones** 

Any Significant Delays