

**Parent and Teacher Questionnaire**

**Patient's Name:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Father's Occupation:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Completed By:** \_\_\_\_\_

**Mother's occupation:** \_\_\_\_\_

**Please list all doctors, therapists, and specialists the patient has been to or that the parent has been to regarding the patient:**

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**Circle all difficulties that apply:**

ADD or ADHD  
Addiction  
Aggression  
Allergy  
Ankles  
Apathetic  
Auditory defensiveness  
Auditory processing  
Autism  
Anxiety  
Balance  
Back pain  
Bedwetting  
Bladder control  
Blood pressure  
Blurred vision  
Bonding

Brain dominance  
Breath holding  
Cause and effect  
Cerebral palsy  
Chewing Objects  
Childbirth trauma  
Choice making  
Clumsy  
Communication challenges  
Comprehension  
Concentration  
Coordination  
Copying (far point)  
Core  
Crawling  
Creativity  
Depression  
Double Vision  
Down Syndrome

Drawing  
Dropping to ground when walking, holding hands  
Drugs- addictions  
Dullness  
Dyslexia  
Dyscalculia  
Dysgraphia  
Ears  
Emotional  
Expressive knowledge  
Eye hand coordination  
Facial expression  
Falling to floor when walking  
Fatigue  
Fear  
Fight or Flight response  
Fine motor

Focus  
Foot problem  
Gait  
Grasping  
Hand-eye  
Hands  
Head position  
Head righting  
Hearing  
Hips  
Hyperactive Hypertension  
Hypotension  
Immune system Impulse  
control Irrational  
Jaw- TMJ  
Knees  
Language skills  
Leaning to side  
Learning skills  
Leg cramps  
Lip biting  
Listening  
Locked knees  
Logic- lack  
Memory  
Migraine headache  
Moro  
Motivation  
Mouth movements  
Muscle tone  
Myelination

Nail biting  
Negativity  
New beginnings  
New information processing  
Nightmares  
Under nourished  
Lack of leaning to side  
Organization  
Panic disorder  
Paralyzed will  
Parkinson's  
Pencil grip  
Phobia  
Plantar fasciitis  
Pop knuckles  
Posture  
Quadratic Lumbarum-  
Racing mind  
Refusal to write  
Right left confusion  
Running  
Reading difficulties  
Scoliosis  
Schizophrenia  
Seizures  
Shoulder injuries  
Shoulder pain  
Sitting  
Sleeping pattern  
Smoking  
Spatial relation

Spelling  
Sprained ankles  
Stability  
Standing  
Study skills  
  
Stutter  
Sucking  
Swallowing  
Sweating  
Tactile sensitivity  
Temper tantrums  
Tennis elbow  
Thinking skills  
Thumb sucking  
Time and space perception  
Tongue sticking  
out/biting/chewing  
Transformation  
Tourette's syndrome  
Toe walking  
Tummy time  
Vestibular  
Vision  
Obsessive compulsive  
Oral fixation- Munchies  
Walk-Skip-Jump  
Whole body movement  
Writing refusal

#### **FOR OFFICE USE ONLY**

Flexor and extensor tone

Speech  
Squirring "ants in the pants" Walking and talking  
Wrist pain  
Sugar cravings

Vision 3-dimension Visual tracking skills Weak body  
Writing

Segmental movement through the body