

## ***Medical History***

**Please list any diagnoses your child has?**

---

---

**Does your child have any allergies? If so, list any medications including epi pen and inhaler.**

---

---

---

**Has your child ever had a seizure? If so, when was the most recent occurrence? Do they take medication to control the seizures?**

---

---

**Does your child have any medical precautions?**

---

---

**Have there been any hospitalizations?**

---

---

**Has your child had any surgeries?**

---

---

**Does your child require glasses, hearing aid, special shoe inserts, etc.?**

---

---

**Was your child delivered at term? Were there any complications with the pregnancy/delivery?**

---

---

**Is your child currently receiving or has your child received other therapies in the past? Please describe:**

---

---

---

---

---

---