

Initial Assessment

Mobility R. L. M.
Crawl

Creep

Walk

Run

Skip

Hop R. L.

Language

Manual R. L. M.
Cortical Opposition

Supination/pronation

Visual Near: R. L. M.
Far: R. L. M.

Pupils

Horizontal

Vertical

Convergence  

Auditory R. L. M.

Tactile R. L. M.
Touch: hypersensitive?

Pain: Ignores/Doesn't feel?

Position Sense

Point Discrimination: R: H _____ A _____ UA _____ Face _____
L: H _____ A _____ UA _____ Face _____

Stereognosis

Babinski: R _____ L _____

Today's Date _____

New Assessment Form

Client Name _____ Gender _____ Date of Birth _____

 Siblings and Birth Order _____

 Phone #1 _____ Cell _____ Email _____

 Street Address _____

 Parent _____ Handedness _____

 Parent _____ Handedness _____

 Diagnosis and physician _____

 Therapies _____

Present Concerns:

Pregnancy, Birth, and Family History:

Illnesses and Injuries:

Development: Sat Up _____ Crawled _____ Crept _____

Walked _____ Talked _____ Vaccine Reaction? _____

Hungry/Full _____

Digestion/Swallowing/Chewing _____

Bladder/Bowel Function _____

Sleep _____ Temperature Regulation _____