

## 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 \_\_\_\_\_