



PAEDIATRIC THERAPY ASSESSMENT

Name: DOB: Gender: Home Addres	ss:	Age:		PARIS ID: PHN: Phone:				
	Assessment:	_	ssessment	Reassessmen	t Consultation	on Report	Discharç	ge Report
BACKGRO	OUND INFOR	MATION						
Background II Reason for A Family/Socia Pregnancy/II	Assessment/Concer al History	•	Developmental Pertinent Medic Surgical History	al History	 Medical Tests Medical Team/PHS School Team/History 			
	IS INFORMA							
Primary Diag	gnosis		Diagnosis Date	e Status So	ource of Information	Comment	<u>S</u>	
MEDICATI Medication	ON	Dose	Route	Frequency	y Start Date	End Date	Comments	
PAEDIATI	RIC EQUIPME	≣NT						
Equipment	Brand/Model	Size	Supplier	Funding Sourc	e(s) Used At	Date Ob	tained Est	End Date
		-		y	,,			

Date Printed:

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Name: DOB: PARIS ID:

ACTIVITY & PARTICIPATION

Mobility

- GMFCS Level
- Gait

- Bed Mobility
- Floor Mobility
- Stair Mobility

- Wheelchair Mobility Manual
- Wheelchair Mobility Power

Transfers

- Bathtub
- Shower
- Bed
- Change Table
- Bike

- Floor
- Floor Positioner
- Standing Frame
- Toilet

- Commode
- Walker
- Wheelchair
- Chair

Positioning

- Bath
- Bed
- Change Table
- Plinth
- Bike

- Feeding Chair
- Floor
- Floor Positioner
- Standing Frame
- Table

- Toilet
- Walker
- Wheelchair
- Chair

Gross Motor Skills

- Infant Motor
- Locomotor
- Ball

Name:	DOB:	PARIS ID:
Fine Motor Skills ■ Hand Dominance ■ Grasp ■ Use of Upper Extremities	Ability to Play with ToysUse of Manipulatives	
Activities of Daily Living Bathing Dressing Grooming	FeedingEatingToileting	
Communication		
Participation ■ Academic/Classroom ■ Physical Education		Play Home
Standardized Assessment		
Other		

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PAEDIATRIC THERAPY ASSESSMENT

Name:	DOB:	PARIS ID:
14	202.	

BODY FUNCTIONS/ENVIRONMENT

Vision/Hearing

Neurocognition

- Attention
- Behaviour

- Executive Function
- Motor Learning

Musculoskeletal

- Posture
- Alignment
- Range of Motion
- Flexibility

- Joint Stability
- Contractures
- Strength

Neuromuscular

- Muscle Tone
- Reflexes
- Balance

- Postural Reactions
- Co-ordination
- Proprioception

Body Awareness

Pain

Date Printed: Page 4 of 6

PAEDIATRIC THERAPY ASSESSMENT

Name:	DOB:	PARIS ID:
Cardiovascular • Endurance • Cardio-Respiratory		
Skin Integrity		
Continence		
Other		
ENVIRONMENTAL FUNCTIONS		
Access Home School Community		
Support Home School Community		

Date Printed:

Page 5 of 6

Name:	DOB:	PARIS ID:	
Assistive Technology - use and access			
Other			
SUMMARY	0.11.0		
Summary of Assessment/AnalysisGoalsRecommendations	Safety ConcernsPlan		
Signature and Credentials			
Handouts			
Handouts			

Date Printed:

Page 6 of 6