



Initial Assessment

Client Name _____ Date _____

Children in family _____ D.O.B. _____

Parent/Guardian _____ Birth/Adopted _____

Therapies _____

Present Concerns: _____

Hungry/Full? _____

Chewing, Swallowing, Digestion _____

Bladder, Bowel Function _____

Sleep _____

Temperature Regulation _____

Menstruation _____



When and how did problem become apparent?

When client was a baby, before they learned to walk, where did they spend most of their time when they were awake? (walker, jumper being held, etc.)

Client Name: _____ Date: _____

MOBILITY: _____ **R L M**

Crawl: _____

Creep: _____

Walk: _____

Run: _____

Skip: _____

Hop: R L

LANGUAGE: _____

MANUAL: _____ **R L M**

Cortical Opposition: _____

Supination/Pronation: _____

_____ near

VISUAL: _____ **R L M**

_____ far

Pupils: _____ **R L M**

Horizontal: _____

Vertical: _____

Convergence:   _____

AUDITORY: _____ **R L M**

TACTILE: _____ **R L M**



Touch: Likes soft brush – Yes No _____

Pain: Reacts to hard brush Yes No _____

Position Sense: _____

Point Discrimination: R: H _____ A _____ U _____ Face: _____

L: H _____ A _____ U _____ Face: _____

Stereognosis: _____

Babinski: _____

Crawl _____

Creep _____

Firm comp. _____

Firm brush/textures ____ X 15sec

Bony Joint _____ X 30 sec.

Light touch ____ X 15 sec soft brush/textures

Trigeminal/Nuk ____ 15 sec

Vestibular 8 x 15 sec.

Masking _____

Patterns: _____ x _____ day

_____ X _____ day

_____ X _____ day

_____ X _____ day

_____ X _____ day

_____ X _____ day

	VISUAL	AUDITORY	TACTILE	MOBILITY	LANGUAGE	HAND FUNCTION
CORTEX						
CORTEX						
CORTEX						
CORTEX						
MIDBRAIN						
PONS						
EDULLA & CORD						

TLR: _____ Moro: _____

STNR: _____ FPR: _____

Landau: _____

Gallant: _____

ATNR: _____