

Orthokids/OrthoSwim Health Questionnaire

Child's Name: _____ DOB: _____

Parent's Name: _____ Phone: _____

Physician: _____ Physician Phone: _____

Medications: _____ Allergies: _____

Primary medical diagnosis: _____ Secondary medical diagnosis: _____

Have you ever had or presently have any of the following:

High Blood Pressure	Y	N	Heart Condition	Y	N	Diabetes	Y	N
Low Blood Pressure	Y	N	Skin Rashes or Lesions	Y	N	Fainting	Y	N
Lung Condition	Y	N	Asthma	Y	N	Shortness of Breath on Exertion	Y	N
Orthopedic Surgeries	Y	N	Tendon Lengthening	Y	N	Hypertonia	Y	N
Hypotonia	Y	N	Sensory Issues	Y	N			
Seizure Disorder	Y	N						

Physical mobility:

Head control	Y	N	Crawls	Y	N	Jumps/Hops	Y	N
Sits independently	Y	N	Walks	Y	N	Rolls	Y	N
Climbs stairs	Y	N	Rides a bike	Y	N			

If pain is involved, please explain: _____

Are you presently receiving therapy?* PT _____ OT _____ Speech _____ Clinic or School _____

Where: _____ Who: _____

*A copy of the most recent progress note is required and can be faxed to 630/938-9429.

Orthokids Registration Process:

Pre-registration: Kids who are enrolled in the current session can pre-register. Payment and registration will be taken during the last week of class at Delnor Health & Fitness Center. Registration closes one week prior to the first day of class.

New Registrants: Register at any time and be placed on the waitlist. Once pre-registration is over, kids on the waitlist will be placed in the class as space becomes available. Registration closes one week prior to the first day of class.

Orthokids Participant Questions

(To better prepare us for your child when he/she begins Orthokids)

What is your child's physical ability? Can he/she independently sit, crawl, half kneel, and roll?

Does your child have any special needs? (Weight bearing restrictions, range of motion limitations, tonal influences (hypo or hyper), ear tubes, g-tube, trach)

Has your child had any surgeries? (Tendon lengthening, etc.)

Is your child ambulatory? Y N

Does your child use assistive devices? Y N What type: _____ Does your child use braces? Y N

How does your child communicate? Verbal, Non-verbal uses PECS, sign language, gestures, and facial expressions:

Does your child have sensory processing concerns or sensory integration disorder? What sensory strategies do you use? (I.e. weighted vest, Wilbarger brushing programs, etc.)

Does your child have tactile defensiveness to water, handling by a therapist or any other texture or substance?

How does your child learn? (Demonstration, verbal, showing one on one)

What reinforcement techniques do you use (praise, clapping, reward, etc.)?

How does your child handle situations (new people, noise, crowds, and change in routine)?

How does your child handle frustrations?

How do you handle your child's disruptive or inappropriate behavior?

What is your child's pool experience and comfort in water?

Is child independent or does child need assistance?

What type of floatation does he/she use?

Can your child put face in the water? Does he/she close mouth?

What do you hope to gain from this class?

Do you have any special concerns?

How did you hear about this class? _____ Physician _____ Therapist
_____ Delnor Health & Fitness Center
_____ Friend _____ Newspaper
_____ Other: _____