

# Medical History

Record ID \_\_\_\_\_

Please tell us when this form will be filled out within the continuum of care, e.g., admission, pre-op, annual visit, etc. \_\_\_\_\_

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## Cerebral Palsy Pathophysiology

CP Distribution

- Unilateral
- Bilateral - Symmetric
- Bilateral - Left Predominant
- Bilateral - Right Predominant

Etiology

- Hypoxic Ischemic Encephalopathy
- Prematurity- Intra-Ventricular Hemorrhage
- Prematurity- Peri-Ventricular Leukomalacia
- Prematurity- White Matter Injury
- Prematurity- Multiple Injuries
- Congenital Infection
- Congenital Stroke
- Brain Malformation
- Genetic Condition
- Other
- Unknown

Presence of Exclusionary Neurodevelopmental Diagnosis

- Yes
- No

Additional Neurodevelopmental Conditions Recorded

- ADHD
- Congenital Malformations of Brain Development
- Autism/Autism Spectrum
- Hydrocephalus
- Other

Additional Neurodevelopmental Conditions Recorded - Other \_\_\_\_\_

Current CSF Diversion Mechanism(s)

- Shunt
- ETV
- ETV/CPC
- Unknown
- None

Video Swallow Study Recommendations

- No restrictions
- No Solids
- No Purees
- No Honey Thick
- No Thin Liquids
- Tastes Only
- NPO
- Has Not Been Performed

Presence of Nissen

- Yes
- No

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**Seizures**

Child has Seizures

- Yes
- No/Only in the Past

Seizure Treatments

- Medications
- Ketogenic Diet
- VNS
- Epilepsy Surgery
- Other

Seizure Treatments - Other

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Seizures Controlled (Parents' Opinion)

- Controlled
  - Poorly Controlled
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**Pain**

Child Has Pain in Last 2 Weeks

- Yes
- No

Location of Pain

- Head
- Neck
- Back
- Hips
- Abdomen
- Legs
- Other

Severity of Head Pain

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Severity of Neck Pain

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Severity of Back Pain

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Severity of Hip Pain

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

## Severity of Abdominal Pain

1  2  3  4  5  6  7  8  9  10

## Severity of Leg Pain

1  2  3  4  5  6  7  8  9  10

## Severity of Other Pain

1  2  3  4  5  6  7  8  9  10

## FACES Pain Scale: Head

0  2  4  6  8  10

## FACES Pain Scale: Neck

0  2  4  6  8  10

## FACES Pain Scale: Back

0  2  4  6  8  10

## FACES Pain Scale: Hip

0  2  4  6  8  10

## FACES Pain Scale: Abdomen

0  2  4  6  8  10

## FACES Pain Scale: Leg

0  2  4  6  8  10

## FACES Pain Scale: Other

0  2  4  6  8  10

**Devices**

Feeding Tube Required

- Yes  
 No

Type of Feeding Tube

- Oral Only  
 Oral and G-Tube  
 G-Tube Only  
 G-J Tube Only  
 Oral and J-Tube

Mucous Clearance Device

- Cough Assist  
 Vest  
 Other  
 None

Methods of Communication

- Speech  
 Sounds (such as "aaaah" to get attention)  
 Eye gaze, facial expressions, gesturing, and/or pointing (e.g., with a body part, stick, laser)  
 Manual signs/sign language  
 Communication book, boards, and/or pictures  
 Voice output device or speech generating device  
 None-not needed  
 None-has not been obtained  
 None-unable to use  
 Other

Patient Has Tracheostomy or Other Respiratory Devices

- Yes  
 No

Tracheostomy

- Yes  
 No

Other Respiratory Devices

- CPAP/Bipap  
 Oxygen at home  
 Percussion vest  
 Other

Other Respiratory Devices - Other

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**Developmental**

Hand Dominance

- Left  
 Right  
 N/A

Contenance Developed

- Yes  
 No

Gross Motor Developmental Milestone: Rolling

- < 4 months  
 4-8 months  
 8-12 months  
 > 12 months

Gross Motor Developmental Milestone: Sitting

- < 6 months  
 6-12 months  
 12-18 months  
 >18 months

Gross Motor Developmental Milestone: Crawling

- < 9 months  
 9-12 months  
 12-18 months  
 >18 months

Gross Motor Developmental Milestone: Standing

- < 12 months  
 12-18 months  
 18-24 months  
 >24 months

Gross Motor Developmental Milestone: Walking

- < 18 months  
 18-24 months  
 24-30 months  
 >30 months

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### Illness & Injury History

Medications Taken in the Last 2 Weeks \_\_\_\_\_

Allergies (in last 2 weeks?)  Yes  
 No

Admitted to Neonatal ICU  Yes  
 No

Pneumonia/Respiratory Infections in Past 12 Months  Yes  
 No

Hospital Admissions in Past 12 Months?  Yes  
 No

History of Fragility Fracture  Yes  
 No

Fragility Fracture - Treatments \_\_\_\_\_

Fragility Fracture - Medications \_\_\_\_\_

Fragility Fracture - Therapies \_\_\_\_\_

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### Prior Procedures/Surgeries

Prior Botox Injection  Yes  
 No

Prior Surgery  Yes  
 No