



65-10 99th St. LL#1  
Rego Park, NY 11374  
Website: [www.playworksny.com](http://www.playworksny.com)  
Email: [info@playworksny.com](mailto:info@playworksny.com)

Tel: (718) 606-1818  
Fax: (718) 606-9436

Facebook: [facebook.com/Playworksotpts1p](https://facebook.com/Playworksotpts1p)



Pediatric Patient Information

Date: \_\_\_\_\_

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Other Caregiver: \_\_\_\_\_ Phone: \_\_\_\_\_

Language used at home:  English  Spanish  Other: \_\_\_\_\_

School or Program of Attendance: \_\_\_\_\_

Grade Level: \_\_\_\_\_ Phone: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Physicians: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Childs Diagnosis: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_



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### Medical History

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

#### Pregnancy and Birth History

Full Term  Premature (\_\_\_\_\_ weeks of gestation) Birth Weight: \_\_\_\_\_ lbs \_\_\_\_\_ oz

Please describe the pregnancy, labor, and delivery (please specify any abnormalities, difficulties, stress, etc.)

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#### Child's Health History

Does your child now have or ever had any of the following?

Illnesses at birth (List): \_\_\_\_\_ yes / no

Allergies (to what?) \_\_\_\_\_ yes / no

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Asthma \_\_\_\_\_ yes / no

Seizures \_\_\_\_\_ yes / no

Hospitalizations (When ?) \_\_\_\_\_ yes / no

Surgeries (for what and when? \_\_\_\_\_ yes / no

Ear Infections (When? \_\_\_\_\_ yes / no

Other relevant medical issues: \_\_\_\_\_ yes / no

Is your child taking any medications? (Please list): \_\_\_\_\_

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## Child's Development

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

When did your child begin to:

Sit Alone? \_\_\_\_\_

Crawl? \_\_\_\_\_

Walk? \_\_\_\_\_

Babble? \_\_\_\_\_

Say 1st Words? \_\_\_\_\_ What were they? \_\_\_\_\_

Put Two Words Together? \_\_\_\_\_ What were they? \_\_\_\_\_

Finish Toilet Training? \_\_\_\_\_

### Other Examinations

Has your child had a recent vision examination? yes / no results? \_\_\_\_\_

Has your child had a recent hearing examination? yes / no results? \_\_\_\_\_

Describe your current concerns about your child:

\_\_\_\_\_  
\_\_\_\_\_

Describe your child's strong likes: \_\_\_\_\_

Describe your child's strong dislikes: \_\_\_\_\_

What are your child's favorite toys: \_\_\_\_\_

Has your child had any evaluations by a medical or educational specialist? \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## NOTICE OF PATIENT INFORMATION PRACTICE- HIPAA

This notice describes how medical information about you and/or your child may be used or disclosed by PlayWorks OT PT PLLC and how you can get access to information. Please review it carefully.

**LEGAL DUTY** PlayWorks OT PT PLLC is required by law to protect the privacy of your and your child's personal information and practices that are described here.

**USES AND DISCLOSURES OF HEALTH INFORMATION** PlayWorks OT PT PLLC uses you and your child's health information primarily for treatment, conducting internal administrative activities and evaluation the quality of care that they provide. They may also use or disclose your personal health information for public health purposes, audits, emergencies and when required by law. In any other situation, their policy is to obtain your written authorization before disclosing your or your child's personal health information. If you provide them with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time. They may change their policy at any time. When changes are made a new Notice of Information Practices will be provided to you.

**PATIENT'S INDIVIDUAL RIGHTS** You have the right to review or obtain a copy of your child's personal health information at any time. You have the right to request that PlayWorks OT PT PLLC correct any inaccurate or incomplete information in her records. You also have the right to request of a list of instances where PlayWorks OT PT PLLC have disclosed your personal health information for reasons other than treatment, payment, or other administrative purposes. You may also request in writing that PlayWorks OT PT PLLC does not use or disclose your child's personal health for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. PlayWorks OT PT PLLC will consider all such requests on a case-by-case basis, but is not legally required to accept them.

## CONCERNS AND COMPLAINTS

If you are concerned that PlayWorks OT PT PLLC has violated your privacy rights or if you disagree with any decisions she has made regarding access or disclosure of you or your child's personal health information, please contact PlayWorks OT PT PLLC at the address at the top of this page. You may also send a written complaint to the US Department of Health and Human Services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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**THIS IS A LETTER OF CONFIDENTIALITY IN RELATION TO THE RELEASE OF INFORMATION FOR PURPOSES OF CONSULTATION WITH OTHER PROFESSIONALS WHO WORK WITH YOUR CHILD.**

Child's Name: \_\_\_\_\_

This letter gives permission to **PlayWorks OT PT PLLC** to consult with the following professionals who are involved in your child's case to support collaboration and teamwork for your child's development.

Professional:	Contact Info:

\_\_\_ Check here if you DO NOT want other professionals to be contacted.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_