



## REGISTRATION FORM

**PLEASE MAIL TO:** Powerhouse Therapy, 1525 Haven Crest Drive, Powder Springs, GA 30127

**NOTE:** Preregistration phone consult required prior to registering 404-933-9869

### IDENTIFYING INFORMATION OF INDIVIDUAL REFERRED TO CLINIC

Child's Name \_\_\_\_\_  
Last First Middle Nickname

Involved Side \_\_\_\_\_ Primary Diagnosis \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_ M \_\_\_\_ F

How did you hear about us? \_\_\_\_\_

Primary Care Physician and Practice \_\_\_\_\_

### FAMILY INFORMATION

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ phone \_\_\_\_\_  
Email address \_\_\_\_\_  
Place of Employment \_\_\_\_\_

Father's Name \_\_\_\_\_ phone \_\_\_\_\_  
Email address \_\_\_\_\_  
Place of Employment \_\_\_\_\_

Parents Marital Status \_\_\_\_\_

Child's Legal Guardian \_\_\_\_\_

Other than parents, who lives in the household? Include name and Age

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Names of Individuals that Child can be released to

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

When did you first notice that your child had any difficulties with development? \_\_\_\_\_

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Has your child ever been given a medical, developmental, psychological, language, motor, or other diagnosis? If so, what was the diagnosis and who made it? \_\_\_\_\_

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Have you currently or in the past been followed by therapy or other specialists? \_\_\_\_\_

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How would you describe your child?

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## MEDICAL HISTORY

Surgeries Yes \_\_\_\_\_ No \_\_\_\_\_

Date	Type	Reason
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If child is currently taking medications, please list below

Type of Medication	Dose	Reason
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Does your child have allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ EpiPen \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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Please answer the following about the child

Seizures Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Sleep problems Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

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Vision problems Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Glasses Yes \_\_\_\_\_ No \_\_\_\_\_

Hearing problems Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Feeding problems Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

## CURRENT DEVELOPMENTAL INFORMATION

Please circle your child's current level of functioning

### Feeding

1. Had difficulty sucking and swallowing
2. Is breast fed
3. Drinks from a bottle
4. Holds own bottle
5. Weaned
6. Drinks from cup with help
7. Drinks from cup by him/herself
8. Is fed by adult
9. Is able to feed self cracker or other finger foods
10. Can feed self except for filling the spoon
11. Feeds self completely

Diet consists of (a) strained (b) junior (c) table foods (d) special formula

Able to chew foods Yes \_\_\_\_\_ No \_\_\_\_\_

Describe special problems \_\_\_\_\_

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### Motor Activity

1. Can hold head up without support
2. Can sit with support
3. Can sit alone, without support
4. Rolls over (a) front to back (b) back to front
5. Crawls (a) pulls with arms (b) on hands and knees
6. Can walk around furniture
7. Can walk alone

- 8. When walking frequently stumbles or falls
- 9. Can run and jump
- 10. Participates willingly in activities such as rolling a ball, singing songs, etc.
- 11. Hand preference    Right \_\_\_\_\_    Left \_\_\_\_\_    Both \_\_\_\_\_    Not sure \_\_\_\_\_

If your child has difficulty with coloring, fastening or handwriting, please explain \_\_\_\_\_

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- 12. Please describe your child's movement abilities with his/her involved arm \_\_\_\_\_

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### **Toilet Training**

- 1. In diapers
- 2. In training pants
- 3. Will go to toilet when taken by an adult
- 4. Goes by self when reminded
- 5. Goes by self with occasional accidents
- 6. Completely trained except for accidents at night
- 7. Bowel, but not bladder trained
- 8. Bladder, but not bowel trained
- 9. Completely bowel and bladder trained
- 10. Uses (a) potty chair    (b) small seat on big toilet    (c) regular toilet seat

### **Communication** Child communicates mainly through use of:

- 1. Grunts
- 2. Gestures and/or pointing
- 3. Babbling
- 4. Single words
- 5. Phrases
- 6. Sentences
- 7. Sign Language
- 8. Picture Communication Boards/Schedules
- 9. Eye Pointing/eye gaze
- 10. Electronic talking devices

Other \_\_\_\_\_

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**Dressing**

- 1. Does not dress or undress self or help with dressing.
- 2. Can remove some clothing (socks, shoes, pants).
- 3. Assists with dressing (holds arms out for shirt, lifts leg for pants).
- 4. Puts on some clothing.
- 5. Dresses self but needs help in buttoning, fasteners, tying.

Do you have concerns about your child's dressing skills? Yes \_\_\_\_ No \_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

**Social Behavior**

- 1. Does not respond to people or things around him/her.
- 2. Shows some awareness of people and objects (smiles, laughs).
- 3. Will respond to simple games (peek-a-boo, pat-a-cake).
- 4. Child Plays by him/herself with simple toys.
- 5. Parallel play (will play alongside other children but does not play with them).
- 6. Plays simple games with other children (such as ring-around-the-rosie).
- 7. Enjoys pretend play (feed the doll, comb hair, talk on phone, etc).

Do you have any concerns about your child's social skills or play skills Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

What does your child like to do? (What toys does he/she like, what food does he/she like to eat, what makes him/her happy?) \_\_\_\_\_

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

**Behavior Problems**

- 1. Does not obey commands.
- 2. Frequent tantrums and/or crying.
- 3. Withdrawal (avoids social contact, shy, timid).
- 4. Frequent hitting, kicking, biting, spitting.
- 5. Self-injurious behavior (such as head-banging, scratching).
- 6. Unusual behavior (such as rocking, spinning, finger-movements, other activity).

Describe \_\_\_\_\_

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

What do you do when your child misbehaves? \_\_\_\_\_  
\_\_\_\_\_

**Education/Therapy**

What school does your child attend? \_\_\_\_\_

Type of classroom Preschool \_\_\_\_\_ Regular classroom \_\_\_\_\_

Special needs class or combo with regular \_\_\_\_\_  
\_\_\_\_\_

Does your child receive any special services at school? \_\_\_\_\_  
\_\_\_\_\_

Does your child use any special equipment? Check all that apply

\_\_\_\_ Leg Braces \_\_\_\_ Scoliosis Jacket \_\_\_\_ Splints \_\_\_\_ Walker \_\_\_\_ Canes

\_\_\_\_ Crutches \_\_\_\_ Parapodium \_\_\_\_ Wheelchair \_\_\_\_ Travel Chair

Please describe any major concerns you have about your child.

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

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## PROGRAM SESSIONS

### TREATMENT LOCATION

3735 Kennent Square, Suwanee, GA 30024

### Four-week CIMT/Bi-manual program

Three weeks CIMT followed by one-week bi-manual therapy.

May 29th-June 23rd, 2023.

Session 1 8:30-11:30

Session 2 12:00-3:00

### Three-week CIMT program

Option 1 May 29th-June 16th 2023

Session 1 8:30-11:30

Session 2 12:00-3:00

Option 2 June 12th-June 30th 2023

Session 8:30-11:30

### Two-week Brush-up CIMT program

2-week brush-ups and 2-week CIMT followed by 1-week bilateral  
available upon parent request and availability.

May 29th to June 9th or 16th, 2023

Session 1 8:30-10:30/11:30

Session 2 12:00-2:00/3:00

### Lower Extremity CIMT program

June 12th-June 30th, 2023

12:00-3:00, M-F

Those that have completed an upper extremity 3 or 4-week CIMT program are eligible for a 2-week upper extremity brush-up followed by the 3-week lower extremity program.

Mail Registration with \$1,075 (includes \$75 non-refundable application fee and \$1,000 deposit which will be applied to your child's tuition) to Powerhouse Therapy, 1525 Haven Crest Drive, Powder Springs, GA 30127

Deposit can be paid by check to Powerhouse Therapy, or by credit card (with added processing fee).  
The deposit is required to ensure your child's spot in our program.