



Serving people with disabilities since 1953

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# Medical Information

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Dear Parents/Guardians,

In order to provide the best therapy services, we require your child's updated medical information. Please fill in the information below regarding your child's previous and current medical history. You may contact your child's primary care physician/orthopedist/neurologist to assist you in providing the necessary information. Please mail this form back to school as soon as possible. Thank you for your cooperation.

Thank you,

Mary J. Ruiz, PT  
Coordinator of Therapies at HHS

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

Primary Diagnosis: \_\_\_\_\_

Surgical history (including orthopedic surgery):

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

Other medical conditions:

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

Precautions (seizure disorder, shunt placement):

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