

Southwest Community Services
SOUTHWEST THERAPY AND REHABILITATION SERVICES
STARS

19015 Suite A Jodi Rd
Mokena, IL 60448
Phone 708-478-1414 x 206
Fax 708-478-7786

Client Information

Please complete the following information for us to understand the client's needs.

Please list the difficulties that you and the client feel need to be addressed during therapy.

Please describe what goals you and the client have for attending therapy.

Please provide the age at which the following milestones were achieved.

_____ attained head control _____ rolled _____ sat up _____ crawled _____ walked

Please describe the history of the client's *current* condition.

Was the client born prematurely? _____ At how many weeks? _____

Please explain any pregnancy complications. _____

Please explain any birth process complications: _____

Please list any previous surgeries or Botox injections with the dates they occurred.

Please explain any special behavioral or emotional issues that are of concern for therapy.

Please identify best schedule week day/time for regular therapy OR session for Intensive Therapy: _____

Completed by: _____ Date: _____