

# Spine and Sport Biomechanical Rehabilitation Center- Child Subjective Pain Form

Childs Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Date of Birth & Age: \_\_\_\_\_ Date of Pain Onset: \_\_\_\_\_

From birth to current please describe major illnesses, medical issues, or hospitalizations that your child has had and when:

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What is your current pain level? (Circle) 0 1 2 3 4 5 6 7 8 9 10 (0 = No Pain 5 = Moderate 10 = Excruciating)

What has your pain range been in the past 30 days? 0 1 2 3 4 5 6 7 8 9 10

When did you first become concerned about your child's development/current issue? \_\_\_\_\_

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Has child received occupational, physical, or speech therapy currently or in the past? (please list providers)

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At what age was each major milestone reached: Sitting up by self: \_\_\_\_\_ Crawling: \_\_\_\_\_ Walking: \_\_\_\_\_ Talking: \_\_\_\_\_

Did mother have any illnesses or complications during pregnancy or delivery? Please describe:

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Natural or C-Section (circle) Was child premature? Yes or No Born at how many weeks gestation? \_\_\_\_\_ Birth Weight: \_\_\_\_\_

Did your child have any feeding problems as an infant? Please describe: \_\_\_\_\_

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Did they have any colic or reflux issues? \_\_\_\_\_

Does your child have any allergies? Please list: \_\_\_\_\_

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Problems sleeping? Yes or No

Problems eating? Yes or No

Problems hearing/ ear infections? Yes or No

What is child's most tolerable position? (Circle) Lying Sitting Walking Standing All positions are the same

What is child's least tolerable position? (Circle) Lying Sitting Walking Standing All positions are the same

Has child had any changes in bowel or bladder functions? Yes or No If yes, state changes: \_\_\_\_\_

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List all current medications and condidtion for medication below: \_\_\_\_\_

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What are your expectations and goals seeking PT treatment? Is there any additional information/concerns we should know?

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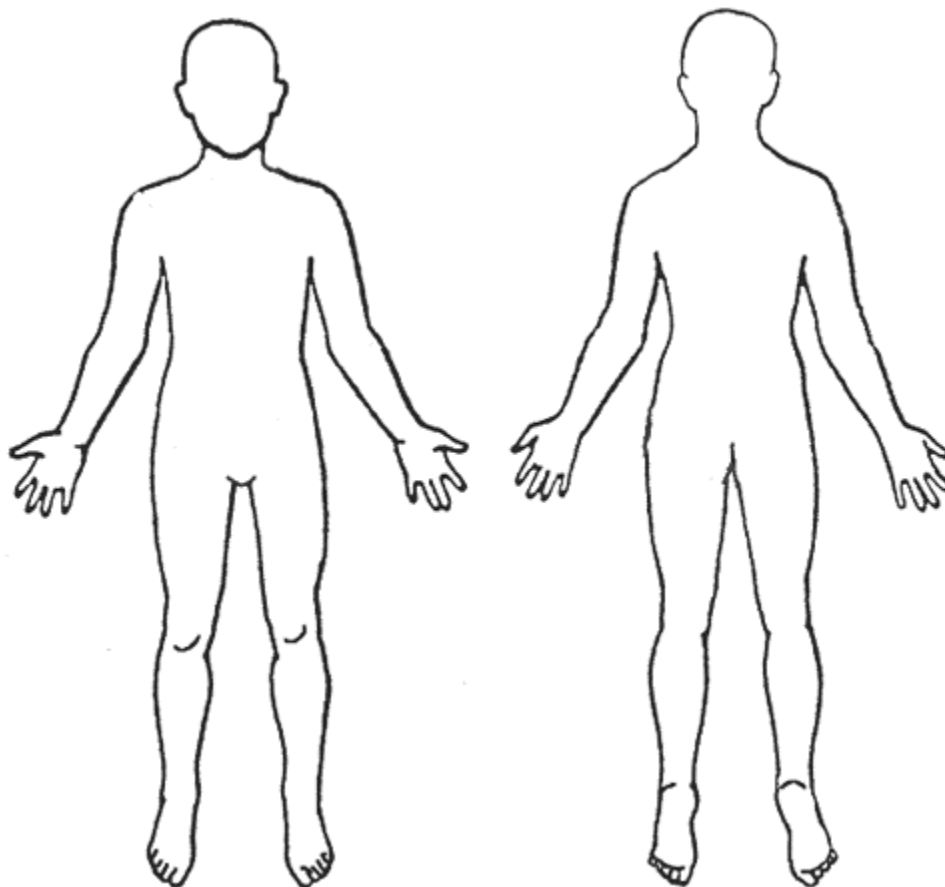
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PLEASE COMPLETE BOTH SIDES

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## Body Diagram

Please indicate where child's dysfunction/pain is located and what type of pain they feel at the *present* time. Fill in the area on the body diagram with the appropriate symbols below to describe pain.



**Key:**  
Stabbing: ///  
Burning: XXX  
Pins and Needles: 000  
Numbness: ===  
Other: (●●●) \_\_\_\_\_

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## Visual Analogue Scale

Make a slash (/) along the line from the extremes, which you think represents child's current pain in major area of injury.

No Pain at All

Pain as Bad As It Could Be

