



William Beaumont Hospital
Outpatient Rehab Services

Beaumont Center for Children's Rehabilitation Group Programs

REGISTRATION / INTAKE

Welcome to Beaumont Pediatric Rehabilitation. Please complete the questions below so that we can learn more about and be most helpful to your child and your family. Please let us know if you need assistance in completing this form. If your child has never been a Beaumont patient, you may receive a call from our registrar. Thank you.

Today's Date: _____

Child's Name: _____ DOB ____/____/____ Age _____

Address: _____

City: _____ Zip Code: _____

Parent's Name(s): _____

Daytime Phone: _____ Cell ___ Home ___ Work ___

Alternate Phone: _____ Cell ___ Home ___ Work ___

Name of person completing form:

Relationship to child:

Child's Diagnosis:

ABOUT YOUR CHILD

1. Please describe what your child's strengths are:



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2. Please describe what your child has challenges with:

3. Who is your child's current pediatrician? _____

Specialist(s)? _____

4. Any recent hospitalizations? YES NO If so, what for?

5. Any history of surgeries? YES NO If so, please explain

6. If your child currently taking any medications? If so, what

7. Special equipment used by your child, please mark:

Splint Braces Walker Crutches Wheelchair Other

8. Any previous psychological testing? YES NO If yes, results indicated:

Learning Disability Attention Deficit Disorder Hyperactivity

Depression Mental Retardation Developmental Delay

Behavioral Disturbance Special Education Needs Autism

Pervasive Developmental Disorder Other _____

9. Please mark any/all that apply to your child:

Seizures G-Tube Hearing Aids Glasses C-Line Latex Sensitivity

Other: _____

10. Can your child have snacks in our groups? YES NO

11. Does your child have any food allergies? YES NO If so, please list?

12. Who referred you to our group programs?



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13. Any special concerns/issues that our group leaders should be aware of?

14. Has your child participated in our group programs in the past? YES NO

If so, please list what groups and when

All children requesting groups will be screened prior to the group starting. If your child has been in a group within the last six months, no screening will be necessary. If your child is currently in therapy, the therapist will conduct the screening. If you are new to the group programs, and the therapists cannot determine placement from the registration form, you will be contacted with a screening time prior to the group starting. Once your child's group assignment has been determined you will be contacted with the acceptance/conformation information. There is no charge for the screening process.

* All participants MUST HAVE the following prescription correctly filled out and completed by the child's doctor with a signature and date. Children WILL NOT be able to take part in groups without a prescription. Payment for the group(s) must be received no later than the end of the first session of the group.