**Center for Cerebral Palsy Research || Teachers College, Columbia University**

## Pre-Screening Form

Please fill in the information for our records, and be as specific as possible. It will help us determine the likelihood your child will benefit from participation in our protocols as well as allow us to contact you at a later date if a pertinent study arises that may benefit your child. It will be kept strictly confidential and will not be provided to anyone outside of the study.

| | |
|---|---|
| Child's name: | |
| Male/female: | |
| Date of birth: | |
| Parent/caregiver's name: | |
| Relation: | |
| Address: | |
| Home phone number: | |
| Work phone number: | |
| Cell phone number: | |
| E-mail: | |
| Name and contact of someone who could provide forwarding address/information in the event you move (please state their relationship to you): | |
| How did you find out about us? | |
| Frequency of physical therapy: | |
| Name and phone/e-mail of PT: | |
| Frequency of occupational therapy: | |
| Name and phone/e-mail of OT: | |
| Has your child had prior constraint therapy? If yes, please list places and dates: | |
| Diagnosis (please be specific): | |
| Side of impairment: | |

| | |
|---|---|
| Age at which damage occurred: | |
| Age when diagnosis was determined: | |
| Was your child born at term (37 weeks and after) or preterm (before 37 weeks)? | |
| Weight at birth: | |
| Was there a stroke after birth? If yes, when/how old was your child? | |
| Does your child have seizures? If yes, what is the date of the most recent seizure? | |
| Has your child had any prior surgeries? If yes, list types and dates: | |
| Has your child had Botox injections? If yes, what is the date of the most recent one and on which extremity (arm, leg)? | |
| Does your child take Baclofen? | |
| List any medications your child is currently taking: | |
| Age at which child began walking: | |
| Quality of balance and walking: | |
| Describe your child's intelligence or cognition (e.g. age appropriate, delayed): | |
| Describe your child's language ability (e.g. age-appropriate, delayed): | |
| Describe your child's affected hand function (ability to open hand, grasp various objects, use as an assist, etc.): | |