



2013-2014
Medical Information

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 Pillar High School

Name: _____

Primary Diagnosis: _____

Surgical history (including orthopedic surgery):

Other medical conditions:

Precautions (seizure disorder, shunt placement):

