



Madonna TherapyPlus Child Safety Seat Assessment History Form

Thank you for choosing Madonna TherapyPlus for your child safety seat evaluation. Please answer the following questions and return this form to Madonna. This will help us prepare to best serve you during your appointment. Once we have received your completed form, we will contact you to schedule an appointment with the appropriate personnel.

Child's name _____ Date of Birth _____
Height _____ Weight _____ Room # if inpatient _____
Medical Diagnosis _____
Parent/guardian name _____
Current safety seat _____
Problems with current safety seat _____

Make, model, year of vehicle(s) child rides in (*please list all vehicles child travels in*) _____

Does your vehicle have tether anchor points? (*please have your vehicle's owner manual available during the assessment*) _____

Other passengers (*number of adults, ages/weights of other children that ride with child*) _____

Mode of transportation to school _____

Use of wheelchair or stroller in vehicle? Y N (*please describe*) _____

Child's Physician _____

Does your child receive therapy services? Y N (*Please list names of therapists and numbers if we may contact them*). _____

Payment source for child safety seat
__ out of pocket __ Medicaid __ medical insurance

For loan agreement purposes the following information is requested
Do you have car insurance? Y N Policy # _____
Driver's license # _____

Thank you for completing this form. Please return to:

Madonna Rehabilitation
Hospital
Outpatient Scheduling
5401 South Street
Lincoln, NE 68506