

Preparation form for the intensive physiotherapy phase Dynamic Movement Intervention



To help us optimally prepare for the consultation and the support of your child, we kindly ask you to provide some information in advance regarding current abilities, therapy experience and your expectations.

1. Child Information

- Child's name:
- Date of birth / Age:
- Medical diagnosis / Main complaint:

2. Current Mobility & Assistive Devices

- How does your child currently move?
- Are any assistive devices currently being used? (e.g. orthoses, standing frame, walker)

3. Therapeutic Background

- What therapies is your child currently receiving at their place of residence? (e.g. physiotherapy according to Bobath/Vojta, occupational therapy)

- Has your child already had experience with intensive therapies or DMI?

4. Expectations & Focus Areas

- Which motor skills or developmental milestones are particularly important to you for the upcoming intensive phase?

- Are there any current medical considerations? (e.g. recent surgeries, unstable hips, epilepsy – please describe briefly)

Optional consultation:

- Would you like to receive brief information or advice on assistive devices such as the Kyrios Suit?

Yes

No

5. Organizational Details

- Preferred time period for an intensive week:

- Telephone number for follow-up questions:

Privacy Notice

The information you provide will be used exclusively for the preparation of physiotherapy consultation and treatment in accordance with our data protection policy (www.diephysiotherapiepraxis-eldagsen.de). Your data will be treated confidentially and will not be shared with third parties. By sending this form via email, you consent to digital processing.