

Date: \_\_\_\_\_

Welcome to Maslul ALYN Hospital's Dyna and Fala Weinstock Therapeutic Sports Center. Please fill in this questionnaire when you are registering your child for Maslul activities.

Family name:\_\_\_\_\_ child's first name:\_\_\_\_\_ Gender:\_\_\_\_\_

I.D number:\_\_\_\_\_ Date of birth:\_\_\_\_\_ address:\_\_\_\_\_

Email:\_\_\_\_\_ Parent's name:\_\_\_\_\_

Home phone number:\_\_\_\_\_ Cellphone 1:\_\_\_\_\_

Cellphone 2:\_\_\_\_\_ Name of child's school:\_\_\_\_\_

Referred to Maslul by: \_\_\_\_\_

I have a recommendation for therapeutic sports from a medical/ para medical authority: YES/ NO If YES please attach the recommendation.

Has your child been evaluated by a physiotherapist/ occupational therapist/ speech therapist? YES/NO If YES where? \_\_\_\_\_ (If you have a medical referral please attach it).

Does your child receive paramedical treatment such as physiotherapy, occupational therapy, speech therapy, etc. YES/NO where? \_\_\_\_\_

Does your child have difficulties with physical activities? YES/NO/SOMETIMES \_\_\_\_\_

Does your child participate in a physical education class at school? YES/NO/SOMETIMES \_\_\_\_\_

Does your child participate in playground activities at school/ kindergarten? YES/NO/SOMETIMES \_\_\_\_\_

Has your child participated in Maslul classes before? YES/NO if YES which classes? \_\_\_\_\_

What is the main purpose of your request for your child to participate in Maslul activities?  
\_\_\_\_\_

How did you hear about us? Internet/ friends/ educational framework/ advertising/ health insurance company/other \_\_\_\_\_

**The Maslul staff thank you for you cooperation.**