

11802 Main St. Huntley IL 847-802-9131 kid-connections.net

Pediatric Intake Form

*Please return intake form prior to your child's first day of group or individual therapy.

Client Information

Childs Name

Nickname:		
DOB:		
Street Addre	ess	

______ City, Zip: ______

Parent/Guardian Information

Name
Relat
Best
Phon
Emai

Name
Relationship
Best method of contact?
Phone/Text
Email

Please list the names/ages of any siblings

Emergency Contact Person	
Phone	
Relationship to child	

Medical Information

hysician:
hysician:

Does your child have any allergies?_____

Does your child have a history of ear infections?_____



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Does your child have any medical diagnoses you would like to share with us?

Client History

Has your child ever had a developmental evaluation (speech, occupational, physical, developmental therapies)?

Has your child ever received/currently receiving any therapies such as developmental, speech, occupational, or physical therapy?

If so, briefly provide more detail regarding your child's current or past therapy?

Where does the child primarily spend his/her day (home, daycare, relatives home, etc.)

Are there other languages spoken at home or in your child's primary care environment? Yes No

If so, which language(s)? ______ If so, in which language does your child prefer to communicate?

Do you have any concerns with any areas of your child's development?



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Describe your child in 3 words:

What are your child's strengths?

What types of things are a challenge for your child?

Are there any things about your child's development that worry you?

What are your child's favorite activities?

Does your child participate in any other community activities?

What is one goal you'd like to see your child accomplish by participating in a group at Kid Connections of Huntley?