Children's Intake Form

Childs Name:_____ **Birthday:**_____ **Sex:** Male ☐ Female ☐

Parent's Names:_____

Daytime Phone:_____ **Cell Phone:**_____

Address:_____

Email:_____

Child Lives With:

☐ Birth Parents ☐ Foster Parents ☐ One Parent

☐ Adoptive Parent ☐ Parent and Step – Parent ☐ Other

Other Children in the home *(Names and Ages):*

_____

_____

_____

Primary Language Spoken in the home:_____

Other languages spoken in the home:_____

Primary Care Physician:_____

Other Specialists:_____

Other Therapists:_____

Current Reason for referral:_____

Other areas of concern:_____

School/Day Care/Teacher:_____

Behavioral Characteristics:

☐ Cooperative	☐ Attentive	☐ Poor Eye Contact
☐ Willing to try new things	☐ Restless	☐ Aggressive
☐ Plays alone for reasonable time	☐ Seperation difficulties	☐ Withdrawn
☐ Easily Frustrated	☐ Stubborn	☐ Self-Abusive

Medical History:

(Check any of the following that apply. List age and explanation)

Item	√	Age	Explanation
Diagnostice Testing/evaluation (MRI, CT Scan, x-rays,EEG, modified barium swallow study)			
Convulsions/seizures			
Meningitis			
Encephalitis			
Injury to head			
Fainting Spells			
Measles			
Chronic Illness			
Constipation			
Reflux			
Allergies			
Chronic Cough			
Asthma/respiratory issues			
Heart disorders			
Stomach/internal disorders			
Musculoskelatal disorders			
Reactions to immunizations			
Chronic ear infections			
Pressure equalizing tubes			
Hearing exam/results			
Vision exam/results			
Sleep disorders			
Eating disorders			
Other			

Does your child have a formal diagnosis? ☐ Yes ☐ No

If yes, Please provide diagnosis and describe current concerns:_____

_____

Current/previous hospitalizations:_____

Current/previous treatment: *(last type, location, and dates)* _____

Current medications: *(name and dosage)*_____

Reason for taking:_____

Birth History

Gastational Age: _____weeks Delivery: ☐ Vaginal ☐ Cesarean

Weight at birth:_____ Twins: ☐ Yes ☐ No

Complications during pregnancy, delivery or after brith? ☐ Yes ☐ No

If yes, please describe:_____

_____

_____

Developmental Milestones

(List age in which milestones took place. Please estimate if you have forgotten.)

Sat Alone:_____ Crawled:_____

Walked:_____ Babbled:_____I

Grasped crayon/pencil:_____ First Words:_____

Toilet Trained:_____ Two word phrases:_____

By signing below, I certify that all information is true and correct to the best of my knowledge.

_____

Parent/Guardian Signature **Date**