



Child's Nature, LLC
 120 Eastgate Dr.
 Washington, IL 61571
 (309) 423-3111
 (309) 416-0381 fax

Child's Name: _____

Date of Birth: _____

New Patient Intake Form

Personal Information

Child's Legal Name: _____

Date of Birth: _____ Age: _____ Male: ___ Female: ___

Mother or Legal Guardian

Name: _____

DOB: _____

Check if it is ok to leave message **Yes** **No**

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Best Number to reach you at: _____

Home Address: _____

Mailing Address: _____

Occupation: _____

Employer: _____

Father or Legal Guardian

Name: _____

DOB: _____

Check if it is ok to leave message **Yes** **No**

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Best Number to reach you at: _____

Home Address: _____

Mailing Address: _____

Occupation: _____

Employer: _____

Child resides with: _____

Who has custody of the child?: _____

If primary person bringing child to therapy is not listed above, please list name and contact phone number of that person. _____

Emergency Contact Name: _____ Phone: _____

Relationship to Child: _____

Insurance Information

Primary Insurance: _____

Policy Number: _____

Group Number: _____

Claims Address: _____

Insured's Name: _____

Insured's DOB: _____

Secondary Insurance: _____

Policy Number: _____

Group Number: _____

Claims Address: _____

Insured's Name: _____

Insured's DOB: _____

I DO NOT HAVE ANY OTHER INSURANCE COVERAGE FROM ANY OTHER SOURCE OTHER THAN THE ABOVE MENTIONED initial _____



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History Form

Please answer the questions to the best of your ability and in as much detail as possible. Please add any information that you feel is important but is not covered on this form

General History

1. Child's Name: _____ DOB: _____
2. Siblings Names and Ages: _____

3. Living Situation and any recent living changes: _____

4. School History: _____

5. Primary Doctor and Specialists:

6. Any Current Diagnosed Medical Conditions: _____

7. When did you first become concerned about your child's development? _____

8. Has your child ever received or is receiving occupational, physical, or speech therapy? Please list providers: _____

9. Please indicate the age each major milestone was reached
 - a. Sitting up by self: _____ Crawling: _____ Walking: _____
 - b. First Word (age and word): _____

Medical History

1. Did mother have any illnesses or complications during pregnancy or delivery?
Please describe: _____

2. Was child premature? YES or NO
3. Born at how many weeks gestation? _____ Birth Weight: _____



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4. Did your child require any medical procedures before, during, or after birth?

Please describe: _____

Feeding

1. Did your child have any feeding problems as an infant? Please describe:

2. Was your child bottle-fed or breast-fed, and for how long? _____

3. Did they have any colic or reflux issues? _____

Hearing

1. Have they had any ear infections? _____

2. Has your child had their hearing tested? What were the results? _____

Illnesses

1. Does your child have any allergies? Please list: _____

2. Please describe and list illnesses, medical issues, or hospitalizations that your child has had and when: _____

Other

1. Does your child wear glasses or hearing aids? _____

2. If your child was adopted, please answer the following questions

a. Age of adoption: _____ Is your child aware of adoption? YES or NO

b. Previous home prior to adoption: _____



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Personal Information

1. Please describe your child's personality: _____

2. How do you handle discipline issues at home? _____

3. Does your child have tantrums? YES or NO
a. How often? _____
4. How does your child handle changes and variation in routine? _____

5. Please describe your child's eating habits and typical intake: _____

6. Please describe your child's sleeping habits/patterns: _____

7. Briefly describe a typical day for your family, especially this child: _____

8. What are your primary concerns for your child's development, especially as it relates to the treatment you are seeking at Child's Nature?

Are you seeking services with a particular therapist? If so, please name: