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| Functional dance group intake form |
| All questions contained in this questionnaire are strictly confidential. |
| Child’s Name(Last, First) |       |
| DOB: |       |  | School Grade:       |  |
| Parent Guardian 1:  |       |  | Parent Guardian 2:  |       |
| Address:       |  |  | Address:       |  |
| Phone Number:  |        |  | Phone Number:  |       |
| Email:  |       |  | Email:       |  |
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| Child’s medical history: |
|       |
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| Any allergies?       |
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| Does your children currently work with/ worked in the past with an Occupational Therapist or Physiotherapist? If yes, please explain:       |
| Does your child require any mobility aids? If yes, please explain:       |
| Does your child require any assistance with self-care activities (i.e. toileting, dressing)? If yes, please explain:       |

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| To learn more about your child’s needs, please comment on the following items: |
| Socialization with peers: |       |
| Attention in a group setting: |       |
| Participation in physical activity: |       |
| Interest in dance/music:  |       |
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| Any additional information you would like us to know about your child:       |
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| How did you hear about us? |
| [ ]  | Clinic (please specify):       | [ ]  | Flyer |
| [ ]  | Word of mouth  | [ ]  | Other       |

Thank you for your interest in Dual Therapy’s Functional Dance Group. We will contact you shortly.