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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: |  |
|  | | | | |
|  | | | | |
| Child’s medical history: | | | | |
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| Any allergies? | | | | |
|  | | | | |
| 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: |  |
|  | |
|  | |
| 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.