



CHILD & ADOLESCENT INTAKE FORM

Today's Date _____
Person completing this form _____
Who referred you to this practice? _____

Family History

Child's Name _____ Gender _____
Date of Birth _____ Age _____
Current School _____ Grade _____

Parent Name (1) _____ Occupation _____
Address _____
Phone: Home _____ Work _____ Cell _____
Email: _____

Parent Name (2) _____ Occupation _____
Address _____
Phone: Home _____ Work _____ Cell _____
Email: _____

Marital Status of Parents _____
If parents are separated or divorced, which parent has sole legal custody or is legal custody joint?

Please list name(s) of Stepparent(s) _____

List names of all people living in household (relationship to child and age)

List any siblings living outside the home (names and ages)

Primary language spoken in the home _____
Other languages spoken _____

Briefly describe your concerns about your child.

Has your child ever been evaluated? Please list all previous meetings with psychologists, psychiatrists, neurologists, speech pathologists, occupational therapists. If evaluations were done, please attach copies

List all blood relatives who have any learning, medical, and/or emotional issues, including diagnoses of depression, anxiety, OCD, ADHD, etc.

Describe any current marital and/or family stress

School History

Please list all schools attended, including preschool
School City, State Grades Attended

List grades and learning/behavioral problems noted

Do you see these behaviors at home?

Has your child ever received special education services (tutoring, speech, OT)? If so, list services and dates/grades received. If the service was provided privately, rather than through the school, please note

Birth and Developmental History

Was your child adopted? _____ If yes, at what age _____

Was your child born full term or premature (if premature, note gestational age)? _____

Describe any complications with the pregnancy or birth (cord around neck, difficulty breathing, etc.)

Birth Weight _____ Apgar scores, if known _____

Describe your child's infancy period, including temperament, difficulties with sleep, feeding, irritability

Provide ages your child achieved the following developmental milestones

Sitting _____ Babbling _____

Crawling _____ First Words _____

Walking _____ Complete Sentences _____

Medical History

Describe any serious illnesses, surgeries, hospitalizations or head injuries

Describe any allergies or chronic ear infections

List your child's medication history (note current medications)

When was your child's last vision and hearing checks, and what were the results?

Social-Emotional

Describe your child's temperament

What do you enjoy most about your child?

List your child's favorite activities

Describe your child's ability to get along with peers and adults, including authority figures

Please check all behaviors that currently describe your child; if the behavior occurred in the past and is no longer present, write a "P" on the appropriate line:

Vestibular (Movements and Balance)

- Becomes overly excited after movement activity
- Thrill seeker on playground
- Avoids movement equipment on playground, prefers to play on:
- Seeks intense movement: spins, twirls, bounces, jumps, rocks
- Shakes head vigorously, assumes upside down position frequently
- Uncomfortable on elevators, escalators, motion sickness
- Excessive dizziness or nausea from swinging, spinning, riding in care
- Preoccupied with movement activities, can't sit still
- Avoids activities which require balance/loses balance easily
- As infant, tended to arch back when held or moved
- Trips easily, clumsiness
- Fear of heights, climbing, fear of falling when no real danger exists
- Hesitant when climbing or descending stairs (seeks hand, railing or walls)

Proprioceptive Functions

- Difficulty controlling movement uses too little or too much power/force
- Poor posture/postural instability
- Slumps in chair with rounded back and head forward and extended
- Pops head on hand or forearm
- Difficulty changing positions or moving slowly
- Craves tumbling or wrestling
- Frequently gives or requests firm or prolonged hugs
- Plays roughly with people or objects
- Bumps into things
- Leans on objects, people for stability
- Joints extremely flexible

Tactile Function

- Excessive reaction to light touch sensation (anxiety, hostility, aggression)
- As infant, not calmed by cuddling/stroking
- Difficulty standing in line or close to other people
- Stands too close to people to the point of irritation
- Tenses when patted affectionately
- Negative reaction to unseen, unexpected touch
- Clothes cover entire body, regardless of weather
- Wears minimal clothes, regardless of weather
- Avoids certain textures of clothing, materials
- Avoids putting hands in messy substances/getting dirty
- Engages in self-injurious behavior(s). List:
- Likes to be wrapped tightly in sheet or blanket, seeks tight spaces
- Engages in self-stimulatory behavior(s). List:
- Frequently adjusts clothing as if feeling uncomfortable
- Touches everything, can't keep hands to self:
- No apparent response to being touched or bumped
- Avoids busy, unpredictable environments
- Extreme reaction to tickling
- Appears under/over sensitive to pain (circle if applicable)
- Socks have to be just right: no wrinkles, twisted seems
- Picky eater. Prefers certain textures. List:
- Limits self to particular foods/temperatures. List:
- Avoids/seeking going barefoot on textured surfaces (grass, sand)

Auditory

- Overly sensitive to loud sounds or noises
- Covers ears to shut out auditory input
- Hears sound others don't hear, or before others notice
- Sensitive to certain voice pitches
- "Tunes Out" or ignores sounds nearby
- Unable to pay attention when there are other sounds nearby
- Irrational fear of noisy applications
- Can only work with stereo/TV on
- Hums, sings softly, "self-tasks" through a task

- Voice volume too soft or too loud
- Seeks out toys, other objects which make sound. List:
- Craves music, other specific sounds
- Needs visual cue to respond to verbal commands or requests
- Mispronounces words (psghetti mazagine, ect.)
- Doesn't respond when name is called
- Appears not to hear what is said
- Frequently asks you to repeat what you have said
- Slow or delayed responses
- Difficulty sequencing the order of events when telling a story/describing an event
- Word finding difficulty
- Not precise in word selection
- Enjoys strange noises, makes repetitive sounds

Oculo-Motor Control & Visual Perception

- Poor depth perception, difficulty or hesitancy climbing or descending stairs
- Poor awareness of space in relation to things around self/gets lost easily
- Skips words/lines or loses place when reading
- Letter/number/word reversals
- Overly sensitive to lights/sunlight
- Poor eye contact
- Hypervigilant or visually distracted
- Writing illegible/misplaced on lines or page
- Dislikes/likes drawing
- Over stimulated by busy visual environment
- Keeps eyes too close to work
- Tilts head/props head/lays head on arm with desk work

Taste and Smell

- Highly sensitive to common odors or to faint odors unnoticed by other
- Does not seem to notice unpleasant smells
- Tends to overly focus on the taste or smell of non-food items
- Will not taste food prior to smelling it and approving of its smell
- Prefers bland foods/highly seasoned foods (Circle appropriate one)
- Hypersensitive to body odors suck as breath or scents of soap, perfume etc.

Fine Motor Skill

- Difficulty drawing, coloring, cutting
- Lines drawing are too light, wobbly, too dark, breaks pencil often (Circle appropriate)
- Poor hand writing in printing, cursive
- Lack of well-established hand dominance
- Difficulty using two hands together
- Prefers to eat with fingers
- Snaps/zippers/buttons are difficult/impossible to manage
- Immature grasp of tools such as pencil, fork, spoon, toothbrush
- Enjoys manipulative, puzzles, construction toys, coloring, drawing (Circle appropriate)

Self-Regulation

- Oversensitive, under sensitive, fluctuating sensitivity to stimuli
- Unusually high, low, fluctuating activity level
- Difficulty with transitions or change
- Difficulty modulating behavioral state

Emotional/Social Behavior

- Intense, explosive
- Easily frustrated, anxious
- Can't sit still, hyperactive
- Clingy, whiny, cries easily
- Stubborn, inflexible, uncooperative
- Poor self-concept/ low self-esteem
- Highly sensitive/can't take criticism
- Gives up easily
- Hard to awaken
- Hard to get to sleep
- Tantrums
- Fearful (list):
- Unable to adjust to changes in routine
- Slow to, or unable to make timely transitions
- Prefers company of adults to older children
- Prefers to play with younger children
- Easily discouraged or depressed
- Enjoys team sports
- Poor loser