



Occupational Therapy Intake Form

Simply Speaking requests this information for the purpose of completing a thorough evaluation with your child. Depending on your child's abilities, some questions may not be applicable.

General information:

Patient's Name _____ D.O.B. ___/___/___ Age _____ Gender M/F

Person Providing Information _____ Date ___/___/___

Relationship to child _____

Is there any known history of the following in the immediate or extended family?

- | | | |
|------------------------------------|----------------------------------|--|
| <input type="radio"/> Autism/PDD | <input type="radio"/> ADHD | <input type="radio"/> Learning Disabilities |
| <input type="radio"/> Hearing Loss | <input type="radio"/> Stuttering | <input type="radio"/> Speech/Language Delays |

Concerns:

1. What are your primary concerns regarding your child?

2. What made you concerned?

3. What strategies or techniques have you been trying independently?

4. What specific skills/goals would you like your child to achieve in therapy?



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Pregnancy and Birth History:

1. Were there any illnesses, injuries, bleeding, or other complications during your pregnancy?

2. Was your pregnancy full term? If not, please give gestational age.

3. Was labor and delivery normal?

4. What was your method of delivery (vaginal, breech, cesarean)?
 - a. Were forceps or suction used?

5. Was oxygen or respiratory assistance required after birth? Yes / No (If yes, please explain)

6. Did you experience any complications with feeding? Yes / No (If yes, please explain)

7. How was your child fed as an infant and until what age? Bottle / Breast Age:

8. Is your child a picky eater (consumes less than 25 different foods)? If yes, what foods does your child enjoy/avoid?

9. Please list any concerns regarding your child's eating habits.



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Medical History:

1. Has your child experienced any of the following? (Please check all that apply)

- Chicken Pox Seizures Frequent ear infections/fluid in the ears
 Cleft Palate/Lip Gastroesophageal Reflux PE Tubes (if so, when?) ___/___/___
 Vision Problems Feeding Tube

2. Is your child currently taking any medications? (If yes, please list)

3. Does your child have any known food allergies? (If yes, please list)

4. Has your child's hearing been evaluated recently? (If yes, when, by whom and what were the results?)

Are there any other precautions we should know about that are not described above?

Speech/Language Development:

1. What is your child's primary mode of communication (gestures, signing, single words, short phrases, sentences, augmentative device, picture exchange)?

2. If your child is talking, please indicate at what age your child began to:

- _____ Babble _____ 2-3 word phrases
_____ First Word _____ Use language as primary mode of communication

3. Please give an estimate of how many words are in your child's vocabulary.

Receptive (words understood): _____

Expressive (words spoken): _____

4. How much of your child's speech do you understand?

- 10% or less 11-24% 25-50% 51-74% 75-100%



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5. How much of your child's speech do others understand?

- 10% or less 11-24% 25-50% 51-74% 75-100%

6. Does your child demonstrate frustration when he/she is not understood? Yes / No (Please explain)

Play and Social Skills:

1. Does your child engage in eye contact during communication? Yes / No / Sometimes

2. When given a choice, does your child prefer to play alone or with others? Alone / Others

3. How does your child interact with others (shy, aggressive, cooperative, etc.)?

4. Does your child:

Answer questions logically? Yes / No / Sometimes

Greet people arriving or leaving? Yes / No / Sometimes

Engage in turn taking? Yes / No / Sometimes

Initiate conversation? Yes / No / Sometimes

5. What are some of your child's favorite toys/interests?



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Education:

1. Does your child attend school? If yes, where and how often?

2. What grade is your child presently in?

3. Please list any services your child receives at school
(speech, occupational therapy, physical therapy, tutoring, etc.).

5. Does your child experience any specific challenges in school? (Please explain)