

INTAKE/DEVELOPMENTAL HISTORY FORM

General Information

Child's Name: _____ Birth date: _____ Age: _____

Address: _____
(Street) _____ (City/State/Zip)

Phone: (H) _____ (W) _____ (Cell) _____

Email Address: _____

Parents: _____ Marital Status: _____ Primary Contact: _____

Mother's Occupation: _____ Father's Occupation: _____

Names and ages of siblings: _____

Emergency contact (name, relationship, phone #): _____

Does your child attend (please circle): Early intervention program/preschool/grade school

Name of School: _____

Referred by (name, profession): _____

Reason for referral: _____

Insurance company (name and member ID #): _____

Pediatrician's Name: _____

Medical Information

Has your child received any previous Occupational Therapy or Physical Therapy services? Yes/No

If yes, OT or PT, when and where: _____

Has your child received other evaluations or treatment? Yes/No (if yes, please describe)

Evaluation date	Professional's name	Dates of therapy
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical diagnosis (if any): _____

Has child had a vision/hearing test? Yes/No Results: _____

Wear glasses? Yes/No: _____

Has your child had any of the following? If yes, describe and give approximate dates.

Childhood diseases or major illnesses: _____

Congenital abnormalities: _____

Surgery: _____

Serious injury: _____

Hospitalizations: _____

Ear Infections: _____

Tubes in ears: _____

Allergies: _____

Seizures: _____

Medication use: _____

Are there any medical precautions the therapist should be aware of when working with your child?

Yes/No: _____

Maternal Health during pregnancy

Did the mother:

- 1. Have infections/illnesses during pregnancy? Yes/No
Describe: _____
- 2. Have any shocks or unusual stresses during pregnancy? Yes/No
Describe: _____
- 3. Receive any medication during pregnancy? Yes/No
Describe: _____
- 4. Have any complications/difficulties during delivery/labor? Yes/No
Describe: _____

Child's Birth

Was your child:

- 1. Full term? Yes/No Birth weight: _____
- 2. Premature? Yes/No Number of weeks: _____
- 3. Require a C-Section for delivery? Yes/No Scheduled/Emergency (circle one)
- 4. Require forceps/vacuum for delivery? (circle one)
- 5. Small for gestational age (SGA)? Yes/No
- 6. Breech (feet first)? Yes/No
- 7. Have any birth injuries? Yes/No
Describe: _____
- 8. If known, Apgar score at one minute: _____ at five minutes: _____
- 9. Require intensive-care hospitalization? Yes/No How long? _____
- 10. Jaundiced? Yes/No Length of treatment: _____
- 11. Breast fed? Yes/No How long? _____

Infancy and Early Childhood

Does or did you child:

- 1. Have feeding problems? Yes/No If yes, describe: _____

- 2. Have sleeping problems? Yes/No If yes, describe: _____

- 3. Have colic? Yes/No For how long? _____

- 4. Prefer certain positions? Yes/No If yes, please circle: stomach/back/side/upright
- 5. Become calmed/nauseated with movement? (Circle one)
- 6. Go through the terrible two's? Yes/No
If no, please describe your child's toddler stage: _____

Developmental Milestones: Note the approximate age your child did the following:

Rolled Over _____ Sat _____ Belly Crawled _____ Crawled _____
 Cruised _____ Walked _____ Said first words _____ Talked _____
 Toilet trained (bladder): _____ (bowels) _____
 Undressed self _____ Dressed Self _____ Tied Shoes _____
 Managed snaps, zippers, buttons _____

Was the crawling phase brief/absent (circle one)?

Experience hesitancy or delays in learning to go down the stairs? Yes/No

Scoring: Use an 'X' to mark items which currently apply to your child, deleting/modifying parts of items as appropriate. Double 'X' (XX) items which are of particular concern. Use a 'P' to mark items which used to be a problem, but are now resolved. Add comments, examples, additional information.

Vestibular (Movements and Balance)

- Becomes overly excited after movement activity
- Thrill seeker on the playground
- Avoids movement equipment on playground prefers to play on:
List _____
- Seeks intense movements: spins, twirls, bounces, jumps, rocks
- Shakes head vigorously, assumes upside down positions frequently
- Uncomfortable on elevators, escalators, motion sickness
- Excessive dizziness or nausea from swinging, spinning, riding in car
- Preoccupied with movement activities, can't sit still
- Avoids activities which require balance/loses balance easily
- Poor navigation on uneven terrain
- As infant, tended to arch back when held or moved
- Avoids activities in which feet leave the ground
- Fearful of simple challenges to balance
- 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)
- Dislikes being moved
- Protests head being tipped backward
- Fearful of being tossed in air or turned upside down
- Bumps head often: doesn't extend arms when pushed from behind
- Often holds head, neck and shoulders stiffly
- Holds head upright when bending over or leaning (dislikes summersaults)

Proprioceptive Functions

- Difficulty controlling movement uses too little or too much power/force
- Insecure regarding body movement
- Poor posture/postural instability
- Slumps in chair with rounded back and head forward and extended
- Props head on hand or forearm
- Prefers/avoids crunchy or chewy foods
- Difficulty changing positions or moving slowly
- Avoids/seeks vibratory stimulation (barber's clips, electric toothbrushes, vibrator)
- Craves tumbling or wrestling
- Frequently gives or resists firm or prolonged hugs
- Seeks out adults when on playground
- Walks on toes frequently
- Drags feet or poor-heel-toe pattern when walking
- Wide based stance

Scoring code: X = currently applies; XX = of particular concern; P = used to be a problem

- ___ Turns whole body to look at person or object
- ___ Moves stiffly, head, neck, shoulder rigidly
- ___ Plays roughly with people or objects
- ___ Bumps into things
- ___ Avoids participation in ordinary movement experiences
- ___ Resists new physical challenges
- ___ Seems weaker, or tires more easily than peers
- ___ Appears lethargic
- ___ Seeks sedentary play
- ___ Leans on objects, people for stability
- ___ Weak pencil grasp, little pencil pressure
- ___ Cannot lift heavy objects
- ___ Moves with quick bursts of activity rather than sustained movement
- ___ Achieves standing posture by pushing off floor with hands
- ___ Joints extremely flexible
- ___ Collapses onto furniture
- ___ Avoids "heavy work" activities
- ___ Seeks opportunities to fall, crashes into things
- ___ Stumps or slaps feet on ground when walking
- ___ Kicks heels against floor or chair
- ___ Bangs stick or other objects along wall or fence when walking
- ___ Cracks knuckles
- ___ Grinds teeth, bites or chews objects, clothing

Tactile Function

- ___ Excessive reaction to light touch sensation (anxiety, hostility, aggression)
- ___ Tenses when patted affectionately
- ___ 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
- ___ 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

Scoring code: X = currently applies; XX = of particular concern; P = used to be a Problem

- Avoids busy, unpredictable environments
- Intent on controlling/manipulating to keep environment predictable
- Resistive to grooming activities such as haircut, nail trims, dentist.
List: _____
- Extreme reaction to tickling
- Examines objects by placing in mouth
- Appears under/over sensitive to pain (circle if applicable)
- Avoids crunchy/chewy foods
- Socks have to be just right: no wrinkles, twisted seams
- Picky eater. Prefers certain textures.
List: _____
- Limits self to particular foods/temperatures.
List: _____
- Hands seem to be unfamiliar appendages
- Difficulty identifying which body part touched without vision
- Untidy/messy dresser
- Shoes worn loose or untied, or on wrong feet
- Unable to identify familiar objects via touch only
- Poor awareness of body part relationships
- Rubs or scratches a spot that has been touched
- Hyperactive gag response
- Avoids/seekes 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 appliances
- Can only work with stereo/TV on
- Hums sings softly, "self-talks" through a task
- Language hard to understand
- 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
- Needs increased volume to respond
- Mispronounces words (bisghetti, mazagine, etc.)
- Doesn't respond when name is called
- Appears not to hear what is said
- Frequently misunderstands what you say or responds with incomplete understanding

Scoring code: X = currently applies; XX = of particular concern; P = used to be a problem

- Doesn't seem to hear the beginning or middle of statements
- 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
- Limited use of descriptive vocabulary
- Participates little in conversation
- 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
- Letters/numbers/word reversals
- Overly sensitive to lights/sunlight
- Difficulty tracking a moving target
- Poor visual monitoring of hand when manipulating objects
- Poor eye contact
- Dislikes having vision occluded or being in the dark
- Squints, bloodshot eyes, eyes tear, raises eyebrows, rubs eyes
- Fails to notice visual cues from environment
- Hypervigilant or visually distracted
- Difficulty with/enjoys puzzles
- Writing illegible/misplaced on lines per page
- Dislikes/likes drawing
- Difficulty finding objects in complex background
- Over stimulated by busy visual environment
- Keeps eyes too close to work
- Tilts head/props head/lays head on arm
- Uses peripheral more than central vision

Taste and Smell

- Highly sensitive to common odors or to faint odors unnoticed by others
- Does not seem to notice unpleasant smells
- Tends to overly focus on the taste and 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 such as breath or scents of soap, perfume, etc.

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Suck, Swallow, Breathe Synchrony

- Difficulty using straw
- Poor lip closure on eating, drinking, utensils
- Limited skill with blow toys
- Unable to whistle
- Poor saliva control/drooling
- Tongue thrust
- Shallow breathing pattern
- Chokes easily on liquids and/or solids
- Holds breath when applying effort
- Poor breathe support for speech – runs out of breath in mid-sentence
- "Breathy speech"
- Speech volume barely audible
- Puts hands on hips to increase lung capacity
- Mouth breathing
- Lower rib cage flared

Fine Motor Skill

- Difficulty drawing, coloring, cutting
- Lines when drawing are too light, wobbly, too dark, breaks pencil often
(Circle appropriate)
- Poor handwriting 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 a pencil, fork, spoon, toothbrush
- Enjoys manipulative, puzzles, construction toys, coloring, drawing (circle appropriate)

Bilateral Motor Coordination & Motor Planning

- Difficulty crossing body midline with head or arms/legs
- Limited rotation of pelvis and/or shoulder girdle around center core of body
- Difficulty performing two different tasks at same time (cut meal with a knife and fork, hold and turn paper while cutting with scissors)
- Letter and number reversals
- Poor reading speed and/or comprehension
- Ambidexterity/mixed hand dominance
- Difficulty with projected action sequences (catch a ball, bat a ball)
- Difficulty performing new as opposed to habitual, motor response strategy
- Difficulty with timing and rhythm of movements
- Disorganized approach to tasks

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- ___ Prefers talking to doing
- ___ Problems in construction and/or manipulation of materials
- ___ Poor articulation
- ___ Unable to conceive, organize and sequence movements required to complete a task
- ___ Insufficient body awareness
- ___ Inefficient/disorganized with self-help skills
- ___ Poor gross/fine motor control of body when attempting new activities
- ___ Misunderstands meaning of verbal cues when instructed to move or position body
- ___ Difficulty positioning self squarely on furniture, equipment
- ___ Poor visuomotor coordination
- ___ Difficulty imitating motions or playing games, such as "Simon Says"
- ___ Fails to adapt body posture to demands of activity
- ___ Extraneous movement relative to demands of task

Self Regulation

- ___ Oversensitive, undersensitive, fluctuating sensitivity to stimuli
- ___ Unusually high, low, fluctuating activity level
- ___ Difficulty with transitions or change
- ___ Difficulty modulating behavioral state
- ___ Resistant to help from caregivers to modulate state
- ___ Demonstrates defensive responses to non-noxious and harmless sensory events
- ___ Difficulty attaining or maintaining optimum level of arousal for attending to task at hand

Emotional/Social Behaviors

- ___ 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
- ___ Feelings of failure/frustration
- ___ Gives up easily
- ___ Hard to awaken
- ___ "Up and Ready to Go"
- ___ Hard to get to sleep
- ___ Difficulty making choices
- ___ Tantrums
- ___ Restless/deep/light sleeper
- ___ Fearful – List: _____
- ___ Unable to adjust to changes in routine

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- ___ Slow to, or unable to make timely transitions
- ___ Prefers company of adults or older children
- ___ Prefers to play with younger children
- ___ Easily discouraged or depressed
- ___ Enjoys team sports
- ___ Poor loser
- ___ Fails to see humor in situations
- ___ Needs more protection from life than peers
- ___ Accident prone
- ___ Difficulty expressing emotions verbally
- ___ Overly serious
- ___ Active, outgoing, enthusiastic
- ___ Inefficient way of doing things