



Occupational Therapy Intake Form

NEW CLIENT INFORMATION

Date:	Patient Name:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	DOB:	Age:
Person Completing Form:			Relationship:	

PREVIOUS SERVICES

Type of Service	Yes or No	Date(s)	Therapy Provider
Speech/Language Therapy	<input type="checkbox"/> Y <input type="checkbox"/> N		
Occupational Therapy	<input type="checkbox"/> Y <input type="checkbox"/> N		
Physical Therapy	<input type="checkbox"/> Y <input type="checkbox"/> N		
Psychological/Behavioral/Counseling	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Specialist:	<input type="checkbox"/> Y <input type="checkbox"/> N		

DIAGNOSES (check all that apply)

- | | |
|-----------------------------------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Autism spectrum disorder (Asperger's Syndrome) | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> ADD/ADHD (Attention Deficit Disorder) | <input type="checkbox"/> Genetic disorder |
| <input type="checkbox"/> Sensory processing disorder or sensory integration dysfunction | <input type="checkbox"/> Learning disability |
| <input type="checkbox"/> Anxiety or emotional disorder(s) Specify: _____ | <input type="checkbox"/> Down syndrome |
| <input type="checkbox"/> Other Specify: _____ | <input type="checkbox"/> Intellectual Disability |

Who provided the above diagnosis and what criteria that diagnosis was based on (i.e.: test scores, comprehensive clinical evaluation, genetic study, etc.):

CHILDHOOD ILLNESSES/PROBLEMS

Check all problems that apply to your child and provide details:

Diseases/Problems	Age	Comments
Problems requiring (PE) tests in ear		
Allergies		
Injuries/accidents		
Asthma/Tracheitis		
Stomach problems		
Gastro-intestinal problems		
Seizures/Epilepsy		
Heart issues		
Broken bones		
Other		
List all current medications:		

Occupational Therapy Intake Form

Mary C. Law, Mary Ann McColl



Occupational Therapy Intake Form:

The Enigmatic Realm of **Occupational Therapy Intake Form**: Unleashing the Language is Inner Magic

In a fast-paced digital era where connections and knowledge intertwine, the enigmatic realm of language reveals its inherent magic. Its capacity to stir emotions, ignite contemplation, and catalyze profound transformations is nothing in short supply of extraordinary. Within the captivating pages of **Occupational Therapy Intake Form** a literary masterpiece penned by a renowned author, readers set about a transformative journey, unlocking the secrets and untapped potential embedded within each word. In this evaluation, we shall explore the book's core themes, assess its distinct writing style, and delve into its lasting effect on the hearts and minds of those that partake in its reading experience.

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