Center for Rehabilitative and Sports Therapies
Emerson Hospital

PEDIATRIC OCCUPATIONAL THERAPY INTAKE FORM

DEMOGRAPHIC & FAMILY INFORMATION

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Male _____ Female _____

Parent's Name: Mother _____

Father _____

Address: _____

Telephone Number: _____ Cell: _____

Pediatrician: _____ Insurance: _____

Siblings:	Date of Birth:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have any siblings ever received PT, OT, or Speech Therapy?

Yes _____ No_____

If yes, please explain: _____

_____

Do any family members have speech, language, hearing, learning, or physical development problems?

Yes _____ No_____

If yes, please explain: _____

AREAS OF CONCERN/GOALS

When did you first have concerns about your child? _____

_____

What made you concerned? _____

_____

What strategies or techniques have you been trying independently? _____

_____

What is your primary concern today? _____

_____

What specific skills would you like your child to achieve in therapy? _____

_____

BIRTH HISTORY

Normal pregnancy and delivery: Yes_____ No _____

If no, please describe: _____

_____

MOTOR DEVELOPMENT

List approximate age at which your child demonstrated the following skills:

Crawled: _____ Sat up: _____

Started to walk: _____ Walked unassisted: _____

Any concerns regarding gross motor skills (i.e., walking up/down stairs, running smoothly)?

Yes _____ No_____

If yes, please explain: _____

Any concerns regarding fine motor skills (i.e., stacking blocks, drawing, cutting, writing)?

Yes _____ No_____

If yes, please explain: _____

SOCIAL/EDUCATIONAL

Child's School _____ Grade/Level _____

If not school age, other group experience? _____

How does your child play?

_____ prefers to play alone

_____ prefers to play with 1 or 2 others

_____ plays mostly with siblings

_____ plays mostly with adults

_____ has a lot of friends

Is your child able to pay attention as well as most other children his/her age?

Yes _____ No _____

SELF-HELP SKILLS

Any concerns regarding feeding and eating skills (i.e., using spoon/fork, drinking through straw, food choices, ability to chew/swallow)?

Yes _____ No _____

If yes, explain _____

Any concerns about food choices (i.e., selective eater, eats only certain foods or textures)?

Yes _____ No_____

If yes, please explain: _____

Any concerns regarding dressing skills (i.e., getting dressed/undressed, managing buttons/snaps/zippers, shoe tying)?

Yes _____ No _____

If yes, explain _____

Any concerns regarding hygiene skills (i.e. tooth brushing, bathing, combing hair)?

Yes _____ No _____

If yes, explain _____

SENSORY MOTOR SKILLS

Please check any statements that describe your child

_____ Frequently trips on his/her own feet

_____ Walks on his/her toes

_____ Frequently bumps into furniture, walls, or other people

_____ Unaware of being touched or bumped unless done with extreme force

_____ Unaware of that face or hands are dirty (i.e., nose running, food on face)

_____ Seems unsure of how to move his/her body; is clumsy and awkward

_____ Slumps or slouches when sitting; places head on hand when sitting

_____ Has difficulty learning new motor tasks

_____ Is in constant motion

_____ Has difficulty sitting still

_____ Chews on pens, straws, shirts, etc

_____ Frequently touches people and objects

_____ Frequently gets in everyone else's space

_____ Is overly sensitive to touch, noise, smells, etc

_____ Avoids touching certain textures (please list: _____)

_____ Avoids messy play (i.e., finger paints, playdough, mud, sand)

_____ Only eats certain foods or food textures (please list:_____)

_____ Is sensitive to clothing tags or textures

_____ Complains about having hair brushed

_____ Resists having teeth brushed

_____ Does not like to have fingernails trimmed

_____ Refuses to walk barefoot

_____ Has trouble falling asleep or staying asleep

_____ Gets "stuck" on toy or task and has difficulty changing to another task

_____ Is fearful on swings

_____ Is fearful of slide or other playground structures

_____ Is fearless on playground equipment

Comments:

_____

_____

_____