the madison center
pediatric speech & occupational therapy

therapy intake form

The Madison Center and Therapeutic Frameworks 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

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

- ◯ Autism/PDD
- ◯ ADHD
- ◯ Learning Disabilities
- ◯ Hearing Loss
- ◯ Stuttering
- ◯ Speech/Language Delays

concern:

1. When did you first have concerns about your child?

2. What made you concerned?

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

4. What is your primary concern today?

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

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)?

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

the madison center
pediatric speech & occupational therapy

therapy intake form

medical history:

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

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

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%

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	Maintain a topic?	Yes / No / Sometimes
Greet people arriving or leaving?	Yes / No / Sometimes	Recall & tell about everyday events?	Yes / No / Sometimes
Engage in turn taking?	Yes / No / Sometimes		
Initiate conversation?	Yes / No / Sometimes	Follow one-step directions?	Yes / No / Sometimes

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

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.).

4. May we communicate with the school therapists to collaborate services? Yes / No
(If yes, please list their information on the "Consent for Release" form and provide a copy of your child's most current IEP)

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

Thank you for taking the time to complete this form.