



Private Occupational Therapy

In-Home Pediatric Occupational Therapy

Occupational Evaluation In-Take Form

Today's Date:

Child's name:

Birthdate:

Parent's Contact Information

Mother:

Name:

Phone number:

Email:

Father:

Name:

Phone number:

Email:

Reason(s) For Evaluation

What is the reason for this evaluation?

Please list any specific concerns you – or others - have about your child. This includes any that arise during your child's normal daily routines in the morning, at school, and while eating, dressing, playing and/or sleeping.

When did you – or others - first become concerned?

How would you - and/or others – describe your child's strengths?

Has your child received any of the following types of therapy in the past?



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Speech:	Yes	No
Occupational (OT):	Yes	No
Physical:	Yes	No
Counseling:	Yes	No

Medical History

Did your child's mother experience any difficulties during her pregnancy? If so, please explain.

Did your child's mother experience any complications during labor? If so, please specify.

Length of pregnancy:

Delivery method:

Child's birth weight:

Did your child experience any feeding difficulties during early infancy? If so, please specify:

Does your child have a diagnosis?

Please list any other significant health issues your child has.

Does your child have...?

Allergies:	Yes (please specify)	No
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Ear infections/tubes:	Yes (please specify)	No
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Your child's current medications:

Developmental History



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When did your child meet these milestones (please state in months):

Sitting:

Crawling:

Walking:

Babbling:

1st word:

Combining words:

Self-Help

Please circle any/all of the following that your child is able to do independently.

Dressing:

Puts on shirt

Buttons

Snaps

Zips

Ties shoes

Dresses self

Hand function:

Reaches for objects

Finger feeds

Cuts with knife

Eats with spoon

Draws circles

Cuts with scissors

Grooming:

Bathes

Combs hair

Brushes hair

Potty trained

Toileting

Behavior

Does your child have temper tantrums?

Yes

No

If so, frequency:

If so, what is their normal Duration?

What types of things trigger your child's tantrums?

What calms your child?