

# Simoneon Pediatric Development Center: Parent Intake Form for All Age Children

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Child's Full Name: \_\_\_\_\_

Parent's Full Name(s): \_\_\_\_\_

Child's Birth date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email(s): \_\_\_\_\_

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**Please circle all items of past and current concern for your child:**

## **Health:**

1. Frequent ear infections or sinus infections.
  2. Catches colds and/or the flu frequently.
  3. Diagnosed medical condition, which restricts physical activity (i.e. heart problem, asthma).
  4. Has a confirmed diagnosis, which may be related to delays in development (i.e. seizure disorder, breathing or heart problem, autism, Down Syndrome, cerebral palsy or other). Please specify \_\_\_\_\_
  5. Has a chronic medical condition (i.e. asthma, digestive disorder, heart problems, etc.) Please specify \_\_\_\_\_
  6. Has a communicable disease (Herpes, HIV, TB etc).
  7. Requires such interventions as suctioning or special positioning.
  8. Requires medication(s). If so, for what reason? \_\_\_\_\_
  9. Has a feeding problem.
  10. Has a nasal gastric or gastric feeding tube.
  11. Has frequent diarrhea or constipation.
  12. Has food allergies. If so, what? \_\_\_\_\_
  13. Has environmental allergies. If so, what? \_\_\_\_\_
  14. Has medication allergies. If so, what? \_\_\_\_\_
  15. Wears hearing aid(s)
  16. Wears corrective lenses. If so, what correction? \_\_\_\_\_
  17. Requires splints, bracing or other appliances for improving function.
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## **Occupational Therapy Intake Screening Form All Children**

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## **Sensory Processing/Regulation**

1. Sleep patterns are or were irregular
  2. Hunger and/or thirst patterns are or were irregular or less/more than expected in frequency
  3. Alertness/arousal states often don't match others
  4. Inability to self-calm
  5. Avoids or resists stimulating experiences, preferring quiet and solitude.
  6. When alone or with immediate family, seems to be happier outdoors than indoors
  7. Is often bothered by environmental stimuli, which seem to go unnoticed by others
  8. Behavior deteriorates with schedule changes or when something happens which is unpredictable
  9. Demonstrates resistance to, anxiety or agitation with touch from others or proximity of others, textures in food, hygiene activities, clothing textures and/or messy play materials or substances
  10. Becomes agitated, overwhelms easily or becomes drowsy and sleeps in response to stimuli which overwhelm
  11. Seeks out (and seems to crave to excess) touch experiences
  12. Seeks out (and seems to crave to excess) such muscle/tendon/joint stimulation experiences as jumping, bouncing, body slamming, pulling, pushing, climbing and swinging from monkey bars, etc
  13. Seeks out (and seems to crave to excess) self-rolling, self-spinning/twirling, somersaulting, diving off a diving board (in preference to swimming), swings, slides, teeter totters, skating, skateboarding, bike riding, fast moving carnival rides, hanging upside down, etc
  14. Avoids, resists or seems fearful of the experiences in item # 13
  15. Seeks out (and may crave to excess) visually stimulating experiences such as brightly colored lights or toys with lights, spinning objects, pendulums, metronomes, wind chimes or play with hands, objects or light to create predictable, regular movement patterns
  16. Has difficulty finding objects with a competing background (clothing in drawer or closet, toys in own room, items in desk)
  17. Attention and distractibility issues arise with physical proximity of others, being touched, anticipation of touch, noise, smells, visual stimuli and/or postural instability
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## **Auditory, Speech and Language Processing:**

1. Has a diagnosed hearing impairment
2. No diagnosed hearing impairment, but not seeming to hear or process language as well as others' do at this age
3. Does not appear to enjoy being talked to, read to or sung to
4. Tires easily, has limited attention or is easily distracted when listening
5. Has difficulty hearing/functioning with noisy backgrounds
6. Confuses similar sounding words or poor ability to discriminate different sounds
7. Difficulty following conversations
8. Monotone speech
9. Speech (fluency, rhythm and/or sound articulation) skills delayed for age

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10. Language (sound production, vocabulary, content, elaboration of ideas, structure and/or organization) skills delayed for age
  11. Responds slowly or misses some of the communication intent or content from others
  12. Difficult for others to interpret child's communicative intent
  13. Seems to ignore or lack interest when others are communicating
  14. Difficulty following conversations
  15. Difficulty interpreting non-verbal communication from others
  16. Poor short term auditory memory
  17. Seems overly sensitive to certain sounds and may cover ears, cry, scream or become aggressive toward self or others, upon hearing those sounds
  18. Seems to enjoy making noises or strange sounds (may do so as a cover for other objectionable sounds)
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### **Social-Emotional Skills:**

(many items above are also relative to social-emotional skills)

1. Does not relax with parent voice or parent touch
  2. Is indifferent to the presence or attention of familiar others
  3. Does not respond or appropriately respond to the facial expressions of familiar others
  4. Preferring to play alone, does not appear to enjoy interactive play with familiar others
  5. Does not initiate hugs and kisses, or resists hugs and kisses from familiar others
  6. Does not display vocally (or with facial expressions) a wide range of emotions (to include anger, fear, sadness, joy, guilt, sympathy, anticipation, surprise)
  7. Does not attempt to comfort others in distress
  8. Has no need to be the center of attention
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### **Cognitive Skills:**

1. Relative to age, is slow to learn new concepts or has difficulty retaining previously taught concepts
  2. Relative to age, has difficulty understanding cause and effect relationships (as an infant this may be demonstrated as different cries for different needs)
  3. Relative to age, is unmotivated or unable to play with age appropriate toys for their intended purpose
  4. Difficulty as toddler with matching, sorting, doing simple puzzles
  5. Difficulty with visual or auditory memory, relative to age
  6. Difficulty problem solving, relative to age
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### **Gross Motor Skills:**

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1. Appears awkward or less coordinated than other children this age and may resist doing large motor activities
  2. Has difficulty figuring out how to move body or takes more time to learn or perform motor tasks, than others this age
  3. Balance responses are immature or exaggerated for age
  4. Falls more frequently than other children this age
  5. Has a poor sense of the body in space, running into things
  6. Seeks external support for posture (leaning on furniture or people, slouching or lying down, versus sitting/standing erect)
  7. Seems to fatigue quicker than other children this age
  8. Demonstrates stiff or rigid movement patterns
  9. Has most difficulty with sequential or rhythmic motor tasks or tasks requiring coordination
  10. between upper and lower body or between body side
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### **Fine Motor and Self-Help Skills:**

1. Has or had poor coordination of suck swallow and breathe (noticed with breast, bottle, cup and/or eating solids)
2. Has or had difficulty moving the tongue around the inside and outside of the mouth to manage food
3. Delay in holding own bottle, cup, finger feeding and/or using spoon and fork
4. Delay in responsiveness to assist with dressing (by putting out hand or foot)
5. Inability to move the eyes independent of the head (with head and eyes moving together)
6. Delay in establishing (at expected ages) regular sleep schedule and bowel/bladder control/schedule
7. Does not show interest or ability to help with household tasks
8. Demonstrates little interest in independence
9. Delays in doffing/donning clothing and managing clothing fasteners
10. Difficulty using school supplies appropriately (pencils, crayons, scissors, paste etc)
11. Difficulty managing lunch supplies (food containers, zip lock bags, juice box and straw, milk cartons etc)
12. Relative to age, has difficulty managing personal hygiene independently (tooth and hair brushing, hand and body washing/drying,
13. Seems to lack interest in self-help and/or fine motor activities
14. Has a limited repertoire of hand skills or ability to use the hands to manipulate objects appropriately, relative to age
15. Has difficulty using both hands at the same time (one hand is manipulating while the other is stabilizing)