

Intake Form for My Kid's OT

Date	
Client Name:	
Date Of Birth:	
Age:	
Sex:	
School:	
Grade Level:	
In School Support Services:	
Referred By:	
Referral Goal / Expectations:	
Diagnosis:	
Medical History (Detail Any Illness Or Surgery):	
Other Agencies Involved and/or Previous Assessments:	
Major Concerns:	
Current Treatments / Interventions:	
Strategies That Have Worked:	
Home Address	
Street:	
City:	
Postal Code:	
Email Address:	
Home Phone Number:	
Mother /Guardian Name:	
Father/Guardian Name:	
Work Phone Number:	
Cell Number:	
Best Days/Times To Be Contacted:	