# Occupational Therapy Center
## Sensorimotor Program Intake Form

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Age</th>
<th>Date of Birth</th>
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<thead>
<tr>
<th>Address</th>
<th>Parent(s) Name</th>
<th>Home Phone</th>
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<th>E-mail</th>
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### School

<table>
<thead>
<tr>
<th>School</th>
<th>Grade</th>
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Is child in a Special Education (SLP, PT, OT), 504, Gifted & Talented, Tutoring or other?

Does your child have an IEP (Individualized Education Program)?

- [ ] YES
- [ ] NO

Please list any evaluations that have been completed in the past year.

### Diagnosis

Your child’s diagnosis (list all)

What are you MOST concerned about?

### Medication/Special Diets

Medication that your child is currently taking

Any food allergies? Special diet? Reaction when certain foods are eaten?

### Reinforcement/Motivation

What are some of your child’s favorite foods/toys/special interests?

### Behavior/Emotional Regulation

What are your top 2 concerns?

When is this behavior(s) most likely to occur?

How have you or others addressed this so far?
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### Social Skills

**What are your top 2 concerns?**

**Has your child’s behavior influenced relationships with peers? How?**

**Has your child had emotional difficulties due to (check) [ ] poor motor skills [ ] anger issues [ ] isolation issues [ ] attachment issues**

**What is their play like?**

**Has your child had any interventions thus far? If so, what?**

### Birth History/Academic/Developmental Skills

**What are your top 2 concerns?**

**How have you or others addressed this so far?**

**What age and for how long did your child crawl?**

**Crawl description**

**What is their play like?**

**Has your child had any interventions thus far? If so, what?**

### Environment

**Who does the child live with? (List all family members)**

**Is your child in any extra-curricular activities?**

Edited 10/2014