

Gig Harbor Pediatric Occupational Therapy Intake Form

Name of patient: _____

Parent(s) name(s): _____

Patient age: _____ Date of Birth: _____

Insurance type (if using): _____

Address: _____

Best phone number: _____ Home or Cell ?

Does this patient have a specific diagnosis? _____

Name of school (if applicable): _____

- Grade: _____
- Current IEP: yes / no
- Current 504: yes / no
- Therapy services at school: OT / SLP / PT

*If you have access to a current IEP/504 plan please bring a copy to our first session 😊

Is the patient participating in any other therapy right now? (Occupational Therapy, Physical Therapy, Speech Therapy, Applied Behavior Analysis, Feeding, Psych/Counseling): yes / no

If yes, where? what type?:

Past therapy services? Yes / no:

If yes, where, what type of therapy? at what ages?:

Caregiver main concerns/reason for seeking out OT services for this patient:

Remarkable medical history (major surgeries/illnesses):

Allergies and/or medications:

Tell me about the patient's skills and strengths:

Community involvement (sports, clubs, extracurriculars):

What are some of the patient's favorite things to make our first therapy sessions the most comfortable and fun (bubbles, dolls, ABC's, numbers, coloring etc):

Any triggers or activities/items/words/sensations that would be very difficult for the child to participate in and cause them to becoming stressed? (eg. Messy hands, toilet flushing, singing, puzzles, writing, talking about "fire drills" ...)

What are your top three goals for occupational therapy for this patient?

(goals related to sensory processing, play skills, social participation, fine motor, handwriting, engagement, self-care skills etc. Just to name a few!)

1. _____

2. _____

3. _____

Please complete this form and scan it to me via email or take pictures of pages and email to me at least 1 week before our first session.

Email: meganlesh@gigharborpediatricot.com