Client Information

Client Name____ Date of Birth________________________ Today's Date__________________

Gender _______________ Age ___________

Home Address_______________________________________ City _________________________ State_________________ Zip __________________

Parent/Guardian Name____ Phone Number ____

Parent/Guardian Name____ Phone Number ____

Email ____

Diagnosis ____

Primary Care Physician ____ Additional Provider____

Physician Address and Phone:

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Precautions or special medical needs____

Current medications____

Current allergies____

Caregiver(s) who are authorized to drop off and pick up your child from therapy

Name____Phone__________________________________Relationship __________________

Name____Phone__________________________________Relationship __________________

Emergency Contact Information

Name____Phone__________________________________Relationship __________________

Insurance: *Copy of insurance card is required*

Primary Insurance ____ Policy Number_____________________________ Group No.______________

Effective Date ______________________ Policy Holder's Name____

Name of current school____ Grade_______________

Please describe past services, private or at school:

Occupational Therapy____

Speech/Language Therapy____

Physical Therapy____

What are your specific concerns about the client's development? Gross motor, fine motor, sensory, etc.

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Please write any additional information you would like us to know:

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Therapeutic and Safety Issues

Check and describe applicable issues (indicate current history of):

	Check	Comments
Inattention		
Hyperactivity		
Lack of Concentration		
Learning Disabilities		
Developmentally Delayed		
Cognitive Issues		
Boundary Issues		
Social Skills Problems		
Separation Anxiety		
Anxiety		
Phobias		
Aggression		
Manipulative		
Unpredictable or Dangerous Behavior		
Sensory Impairment		
Sensitivity, preferences		
Medical Issues		
Self-Injuring Behaviors		
School Problems		
History of Animal Abuse or Fire Setting		
Seizure Disorder		
Possible Medication Side Effects		