

INTAKE FORM

Date:

Information Provided by:

Child's Name:

Date of Birth:

Parents/Guardians:

Is father involved? Y N

Is mother involved? Y N

Siblings Names/Birthdates:

Daycare/Preschool Name:

Section I

1. Please describe your child's strengths:

2. Please describe any difficulties your child may have in the following areas:

Communication (e.g. lack of words, clarity of words, understanding directions)

Play/Daily Activities (e.g. plays with toys, dresses/feeds/toilets/washes self)

Movement (e.g. rolls, crawls, walks, balances, tires easily, trips, falls often)

Behaviour (e.g. attention span, reaction to touch/noise/adult direction, follows instructions)

Social Interaction (e.g. plays on own, plays well with other children, makes eye contact, has friends, experiences in preschool/daycare)

Section II

3. Was your child/infant in intensive care or have an extended stay in hospital? Y N

4. Does your child/infant have difficulty with feeding, weight gain or reflux? Y N

5. Did your child/infant have a hearing screen? Y N

6. Do you have any concerns you would like the CDC to address?

Section III

7. Health concerns of your child:

Vision Hearing Nutrition Cardiac Respiratory
 Other (Please describe _____)

8. Has your child been given a diagnosis? Y N Please describe _____

9. Have you already received any services for your child? Y N
Please describe or attach relevant medical information _____