

Intake Form

Name _____

Date of Intake _____

Date of Birth _____

MAIN CONCERN

HISTORY OF CURRENT ISSUE

PAST THERAPY (i.e., MENTAL HEALTH, OT, SLP) HISTORY

FAMILY HISTORY

Siblings _____

Parents _____

Parents' Level of Education and Occupations

PARENTS: *Married, Divorced, or Never Married?* _____

If no longer together, when did they separate, divorce, or split up? _____

DEVELOPMENTAL HISTORY

Mother’s pregnancy, labor and delivery

Did the mother smoke, drink, or use drugs during her pregnancy? _____

Was the client born at term? _____ Weight at birth _____

When did mother and baby leave the hospital? _____

MILESTONES (Approximate Age)

Crawled _____ Walked _____ Said First Word _____

Spoke in Sentences _____ Was Toilet Trained _____

Rode a Bicycle Without Training Wheels _____

EDUCATIONAL HISTORY

Elementary school

Middle school

High school

College

Post college

OCCUPATIONAL HISTORY

Job Dates Employed Why client left _____

Job Dates Employed Why client left _____

Job Dates Employed Why client left _____

MEDICAL HISTORY

Surgeries, hospitalizations

Current prescriptions

Past prescriptions

Diagnoses

Diagnostic impressions: To be filled out by therapist

PLAN: To be filled out by therapist
