

Equipping Minds

New Student/Client Intake Questionnaire

Initial consultation (phone /office)

Patient Demographics

Name _____ Evaluation Date _____

Address _____ City _____ State _____ Zip _____

Home Phone# _____ Cell Phone# (Circle One) (mom/dad/self) _____

Work Phone# (mom/dad/self) _____ (circle one) married/divorced/single

Birth Date _____ Age _____ Sex? (circle) Female/Male

School? homeschool/public/private Grade _____ Religion _____

Natural Mother _____ Natural Father _____

If you are under 18 years old, who do you currently live with? _____

Are there any stresses involved with your living situation? If yes, please explain _____

How did you hear about Equipping Minds?

Do we have permission to release information to your referring professional when necessary and appropriate?
Yes _____ No _____

What is the name and address of your referring professional? _____

What is their phone number? _____

What is the main purpose or concern which brings you to us? _____

Do you have a diagnosis? If yes, explain _____

IEP 504

Psychological or Neurological exam results _____

What prior treatments or therapies have you had? _____

Tell us about your medical history, specifically if there were any difficulties during your mother's pregnancy with you or your birth/delivery: _____

Are you currently under the care of a medical doctor? If yes, please explain _____

List any medications you are currently taking _____

Any complications with prior medications? If yes, please explain _____

Do you have any allergies? If yes, please explain _____

Do you have any history of head trauma? If yes, please explain _____

Do you have any periods of confusion? If yes, please explain _____

Have you ever had a seizure? If yes, please explain the duration, and circumstances surrounding the event _____

Motor development

Please write the age at which the event occurred, parentheses contain average normal limits:

rolls over (3-5mo) _____ sit without support (5-7mo) _____ crawls (5-8mo) _____

walks well(11-16mo) _____ runs well(2y) _____ rides tricycle(3y) _____ throws ball overhand (4y) _____

current level of activity _____ fine and gross motor coordination _____

_____ compared to peers _____

Language development

Please write the age at which the event occurred, parentheses contain average normal limits:

Several words besides dada, mama (1y)_____ name several objects-ball, cup (15mo)_____

3 words together-subject, verb, object (24mo)_____ vocabulary_____ articulation_____

comprehension_____ compared to peers_____

any current problems_____

Social development

Please write the age at which the event occurred, parentheses contain average normal limits:

smile (2mo)_____ shy with strangers (6-10mo)_____ separates from mother easily (2-3y)_____

cooperative play with others (4y)_____ quality of attachment to mother_____

quality of attachment to father_____

relationships to family members_____ early peer interactions_____

_____ current peer interactions_____

special interest/hobbies_____

Behavioral/discipline

compliance vs non-compliance_____ lying/stealing_____

rule breaking_____ methods of discipline_____

other problems_____

Emotional development

early temperament_____ current personality_____

mood swings_____ fears/phobias_____

habits_____ special object (blankets, dolls, etc.)_____

ability to express feelings_____

Drug/alcohol history (include parent especially if during pregnancy – if adopted, list

“unknown”_____

School history

average grades_____ homework problems_____

specific learning problems_____ strengths_____

what have teachers said about you?_____

(please bring any report cards as well as state, national or special testing results with you)

Overall strengths, as viewed by you _____

Overall strengths, as viewed by parents/guardian _____
