



ROSES: Equipping Minds

Client Information

Name

Address City State Zip

City Country Postal Code

Phone # Mom Dad Self

Birth Date Age Gender

School? homeschool/public/private Grade

College or vocational training? Area of Study

Religion

Mother's Name Father's Name Marital Status

Adoption Please explain age/circumstances

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?

What is the concern which brings you to us?

What are your expectations?

Do you have a diagnosis? If yes, explain

IEP 504

Therapy Evaluations, Test Scores, Psychological or Neurological exam results

Do we have permission to release information to your referring professional when necessary and appropriate?

Yes No

What is the name and contact information of your referring professional?

What prior treatments or therapies have you had?

Please attach any testing results, report cards, job performance evaluations, and evaluations which would be helpful for the assessment.

School history

average grades homework problems

specific learning challenge strengths

what have teachers said about you?

Overall strengths, as viewed by you and others

Overall challenges, as viewed by you and others

Work history

Current employment (if applicable)

Medical History

Were there any difficulties during your mother's pregnancy or birth/delivery:

If adopted, did the birth mother use drugs or alcohol during pregnancy

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

List any medications or supplements 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

Have you ever struggled with drugs or alcohol?

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 difficulties

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 concerns

Emotional development

Did you ever experience any emotional or physical trauma?

early temperament current personality

mood swings fears/phobias

habits special object (blankets, dolls, etc.)

ability to express feelings

Is there any other information that you believe would be beneficial for us to know?

