

**Phone: 505-263-0583**

**Fax: 505-317-2532**

**Email:** [**functionalplaygroundtherapies@gmail.com**](mailto:functionalplaygroundtherapies@gmail.com)

**Intake Form**

Patient Demographics

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Parent/Caregiver Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different than above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Can text messages be sent to this number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapy History

Has this child received any therapy services in the past? Please check all that apply.

\_\_\_ Occupational Therapy \_\_\_ Physical Therapy \_\_\_ Speech Therapy

From when to when did these services occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did these services occur? \_\_\_\_ Home/Early Intervention \_\_\_\_ School \_\_\_\_ Outpatient

Who referred you to Functional Playground Therapies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical History

How long was pregnancy (example: 40 weeks)? Any complications during pregnancy or after birth?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child weight at birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any concerns for hearing? \_\_\_\_\_\_\_\_\_\_ Has a formal hearing assessment been completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any serious injuries, illnesses, surgeries or hospitalizations. Include at what age these events occurred.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the child received a medical diagnosis? If yes, please list the diagnosis(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications taken and what the medications are taken for. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all allergies (medication, food, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area(s) of Concern/Reason for Referral

Please list any current issues or concerns related to home. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any current or concerns related to school. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has a sibling had similar concerns? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Information

My child has Medicaid.

Medicaid provider (Presbyterian, BCBS, Western Sky): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicaid number: \_\_\_\_\_\_\_\_\_\_

My Child has private health insurance.

Insurance provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of policy holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy holder’s DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please include picture of front and back of your insurance card.*

We will be using the self-pay option.

Developmental History

Please list the age at which your child began doing each of the following.

Rolled over\_\_\_\_\_\_\_\_\_\_\_\_\_ Drank from cup \_\_\_\_\_\_\_\_\_\_\_\_\_ Snipped with scissors \_\_\_\_\_\_\_\_\_\_\_

Sat up\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Potty trained \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Crawled\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wrote name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Walked \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Put outfit on correctly \_\_\_\_\_\_\_\_

Ate solids\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tied shoes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Talked\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Used spoon/fork \_\_\_\_\_\_\_\_\_\_\_\_\_

Educational History

Does or did your child attend preschool? \_\_\_Yes \_\_\_No Kindergarten? \_\_\_\_\_Yes \_\_\_\_No

Name of current school/daycare: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade Level: \_\_\_\_\_\_\_\_

Does or did your child have an IEP or 504 plan? \_\_\_Yes \_\_\_\_No If yes, from when to when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Level of Functional Performance

Is your child able to…

* Manipulate small objects (buttons, zippers, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Use pencils, crayons, scissors, paintbrushes, etc.? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Throw/catch a ball? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Follow directions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Make friends with similar-aged peers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Express feelings of anger or frustration? Does he/she use methods of aggression (hitting, kicking, yelling, etc.) to express themselves? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill in the most appropriate box to match your child’s current level.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| My child… | Unable | Seldom (25%) | Occasionally (50%) | Frequently (100%) |
| Takes off a pull-on t-shirt |  |  |  |  |
| Puts on a pull-on t-shirt |  |  |  |  |
| Puts on and fastens a button-up shirt |  |  |  |  |
| Puts on a jacket (excluding fasteners) |  |  |  |  |
| Puts on and zips a jacket |  |  |  |  |
| Takes off elastic-waist pants or shorts |  |  |  |  |
| Puts on elastic-waist pants or shorts |  |  |  |  |
| Puts on jeans and manages fasteners |  |  |  |  |
| Puts on belt and fastens |  |  |  |  |
| Takes off socks |  |  |  |  |
| Puts on socks |  |  |  |  |
| Takes off shoes |  |  |  |  |
| Puts on shoes (excluding fasteners) |  |  |  |  |
|  | Unable | Seldom (25%) | Occasionally (50%) | Frequently (100%) |
| Puts on and fastens Velcro or elastic laced shoes |  |  |  |  |
| Puts on and fastens tie shoes |  |  |  |  |
| Puts on underwear |  |  |  |  |
| Takes off underwear |  |  |  |  |
| Chooses clothing that is appropriate for the time of day, season and occasion |  |  |  |  |
| Adjusts clothing appropriately (untwists, straightens) |  |  |  |  |
| Obtains clothing from storage area (closet, dresser) and accessories |  |  |  |  |
| Accesses sink and obtains all grooming supplies (soap, comb, etc.) |  |  |  |  |
| Washes, rinses, and dries hands well |  |  |  |  |
| Washes, rinses, and dries face well |  |  |  |  |
| Completes nose care well (blows nose) |  |  |  |  |
| Brushes hair (not including tangles) |  |  |  |  |
| Brushes hair and manages tangles |  |  |  |  |
| Styles hair |  |  |  |  |
| Prepares tooth brush with toothpaste |  |  |  |  |
| Brushes teeth well |  |  |  |  |
| Spits out tooth paste |  |  |  |  |
| Safely uses mouthwash |  |  |  |  |
| Flosses teeth well |  |  |  |  |
| Clips, curs, or files nails well |  |  |  |  |
| Applies deodorant |  |  |  |  |
| Removes body hair (tweezers, razors, etc.) |  |  |  |  |
| Tolerates haircuts/trims |  |  |  |  |
| Obtains soap and hygiene products for bath/shower |  |  |  |  |
| Gets into/out of bath/shower safely |  |  |  |  |
| Washes, rinses and dries body well |  |  |  |  |
| Maintains a safe body position while bathing or showering (not a fall risk) |  |  |  |  |
| Eats all textures of table food (pureed, soft, chewy, crunchy) |  |  |  |  |
| Eats mixed textured foods (casseroles, fruit and yogurt) |  |  |  |  |
| Eats food from all food groups |  |  |  |  |
| Finger feeds self |  |  |  |  |
| Scoops with a spoon or fork and brings to mouth |  |  |  |  |
| Uses a spoon well |  |  |  |  |
| Uses a fork well |  |  |  |  |
| Uses knife to spread food or to cut foods |  |  |  |  |
| Drinks from a regular cup well |  |  |  |  |
| Can use a straw for drinking well |  |  |  |  |
| Pours liquids from a pitcher into a cup well |  |  |  |  |
| Gets onto and off of kitchen chairs safely |  |  |  |  |
| Indicates wet/soiled |  |  |  |  |
| Has bowel/bladder control during the day |  |  |  |  |
|  | Unable | Seldom (25%) | Occasionally (50%) | Frequently (100%) |
| Has bowel/bladder control at night and at times of rest (naps) |  |  |  |  |
| Indicates when needs to use bathroom |  |  |  |  |
| Takes self to the bathroom for urination and bowel movements |  |  |  |  |
| Obtains and is able to use necessary supplies (toilet paper, cleaning wipes, etc.) |  |  |  |  |
| Gets onto and off the toilet safely |  |  |  |  |
| Maintains safe body position while toileting (not a fall risk) |  |  |  |  |
| Manages clothing (pulls up and down pants) |  |  |  |  |
| Completes all toilet hygiene tasks (wiping) |  |  |  |  |
| Completes toileting sequence, including toileting, flushing and hand washing |  |  |  |  |
| Gets into and out of bed safely |  |  |  |  |
| Gets on/off of soft furniture safely |  |  |  |  |
| Obtains all items for leisure or play |  |  |  |  |
| Accesses floor (gets onto and off the ground) safely |  |  |  |  |
| Transports items for personal use in the home |  |  |  |  |
| Obtains ready to eat items from kitchen or pantry (cookies, crackers, fruit, etc.) |  |  |  |  |
| Obtains meal preparation items (pans, spoons) and food items |  |  |  |  |
| Accesses cooking appliances (microwave, toaster) |  |  |  |  |
| Gets into and out of vehicles safely |  |  |  |  |
| Manages safety belt independently in vehicles |  |  |  |  |
| Picks up belongs or toys with adult assistance |  |  |  |  |
| Picks up belongings or toys when asked |  |  |  |  |
| Independently picks up belongings or toys |  |  |  |  |
| Follows a written list of household chores and completes tasks independently |  |  |  |  |
| Sets table and clears table with adult assistance at meals |  |  |  |  |
| Sets table and clears table independently at meals |  |  |  |  |
| Loads dishwasher or washes dishes by hand independently |  |  |  |  |
| Unloads dishwasher or dries and puts away hand washed dishes |  |  |  |  |
| Identifies chores that need to be done and completes them independently |  |  |  |  |
| Completes light household chores independently (dusting, sweeping) |  |  |  |  |
| Completes heavy household chores independently (vacuuming, trash) |  |  |  |  |
| Puts away their own laundry (parent folds) |  |  |  |  |
| Folds their own laundry and puts away |  |  |  |  |
| Completes all laundry tasks (washes, dries, and folds own clothing) |  |  |  |  |
| Identifies the value of coins and bills |  |  |  |  |
|  | Unable | Seldom (25%) | Occasionally (50%) | Frequently (100%) |
| Makes a simple purchase from a store or vending machine using cash with assistance |  |  |  |  |
| Makes a simple purchase from a store or vending machine using cash independently |  |  |  |  |
| Identifies correct change is given after a purchase |  |  |  |  |
| Makes a shopping list and purchases correct items |  |  |  |  |
| Deposits and withdraws money from a bank account with assistance |  |  |  |  |
| Deposits and withdraws money from a bank account independently |  |  |  |  |
| Manages money independently |  |  |  |  |
| Prepares a cold snack (chips, fruit) or meal (cereal, sandwich) independently |  |  |  |  |
| Uses the microwave safely to prepare a meal or snack |  |  |  |  |
| Uses the stove top safely to prepare a meal or snack |  |  |  |  |
| Prepares a meal or snack using the oven safely |  |  |  |  |
| Uses kitchen appliances safely to prepare a meal (toaster, blender) |  |  |  |  |
| Uses kitchen knives safely to prepare a meal |  |  |  |  |
| Can plan and prepare light meals for self |  |  |  |  |
| Can plan and prepare full meals for self or others |  |  |  |  |
| Can receive and make phone calls |  |  |  |  |
| Notifies adult when injured or hurt |  |  |  |  |
| Can dial 911 in case of an emergency |  |  |  |  |
| Can perform simple first-aid: bandage, cold compress/ice |  |  |  |  |
| Follows safety rules when talking with strangers |  |  |  |  |
| Has stranger awareness when asked to leave a location with an unfamiliar person |  |  |  |  |
| Follows fire safety rules and knows family fire safety plan |  |  |  |  |
| Identifies the location of fire extinguishers |  |  |  |  |
| Knows the difference between putting out paper fires and grease fires |  |  |  |  |
| Cleans up broken glass safely |  |  |  |  |
| Knows natural disaster plan for their geographical area |  |  |  |  |
| Knows how to identify natural gas and identifies appropriate precautions |  |  |  |  |
| Identifies carbon monoxide detector and precautions |  |  |  |  |
| Unlocks and opens doors to leave house independently |  |  |  |  |
| Uses a key to unlock doors to enter house |  |  |  |  |
| Travels to a familiar nearby location independently (friend’s house, bus stop) |  |  |  |  |
| Follows verbal or written directions to a nearby location |  |  |  |  |
| Follows basic road safety skills (crosses street safely) |  |  |  |  |
| Uses a car, taxi, bus for self transportation |  |  |  |  |
| Takes the school bus to school and back safely |  |  |  |  |
| Can get self ready in the morning and be on time for school by preferred method of transportation |  |  |  |  |
|  | Unable | Seldom (25%) | Occasionally (50%) | Frequently (100%) |
| Brings all necessary materials to school (homework, lunch, permission slips) |  |  |  |  |
| Brings all necessary supplies to complete homework assignments or projects |  |  |  |  |
| Completes homework and returns it on time |  |  |  |  |
| Uses an organizational system (planner, notebook, electronic device) to keep track of assignments, tests and projects |  |  |  |  |
| Relays messages from caregiver to classroom teacher(s) |  |  |  |  |
| Finds out what they missed at school when they were absent and completes work |  |  |  |  |

Please list the goals you have for your child related to occupational therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

Any no-shows, cancellations or rescheduled appointments made within less than 24 hours of your appointment time will result in a missed visit.

You will be required to pay $15 for each missed visit starting with the second missed visit. Initials \_\_\_\_\_\_

After 3 missed visits, you will be asked to discontinue services with Functional Playground Therapies for a period of time to allow other families the opportunity to receive services. You will be placed back on the waitlist if you choose to resume services after a period of time. Initials \_\_\_\_\_\_\_

A copy of your insurance card will be placed on file for billing purposes. Initials \_\_\_\_\_\_

A form of payment (debit, credit, health savings account, etc.) will remain on file for copayments and/or missed visits. Initials \_\_\_\_\_\_

I, as the caregiver, understand there are risks associated with my child’s participation in this activity, such as physical injury. I assume all risks associated with this activity. \_\_\_\_\_\_

By signing this Consent Form, I authorize Functional Playground Therapies (FPT) to conduct a formal therapy evaluation, as well as, treatment if deemed necessary according to the testing results. Further, I authorize the release of any medical or other information necessary to process claims associated with services provided to my child by FPT. I also authorize payment of benefits to FPT. I understand that giving consent for the above recommendations is not required and can be canceled anytime.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Legal Guardian Date