Cindy French, OTR
Pediatric Occupational Therapist
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Evergreen, CO 80439
303-670-3268

Occupational Therapy Intake Information

1. Child's name: ______________________ Today's date: ______________
   Birth date: ______________ Age: ______ Sex: ________ Adopted? ________
   Parent completing this questionnaire: ______________________
2. Mother's name: ______________________
   Address: ______________________
   ____
   Home phone: __________ Cell phone: __________ Work phone: __________
   Occupation: ______________ Email address: ______________
   Father's name: ______________________
   Address: ______________________
   ____
   Home phone: __________ Cell phone: __________ Work phone: __________
   Occupation: ______________ Email address: ______________
   Child lives with: ______________________
3. Current school: (if applicable) ______________________ Grade: ________
   Teacher(s): ______________________
   Does your child receive therapy services at school: yes ________ no ________
   Does your child receive therapy services from private providers: ______________
   If so, who? ______________________
4. Child's physician: ______________________
   Address: ______________________
   Phone: ______________ How long have you see this physician: ______________
   Does your child see other physicians? ______ If so, who? ______________
5. Has your child been diagnosed as having any educational or medical issues? ________
   If so, what? ______________________
   Who made the diagnosis and when? ______________________
6. Referred by: ______________________
7. What are your concerns regarding your child? ______________________
   ____
   ____
8. What are the school's primary concerns (if applicable) ______________________
   ____
   ____

Thank you!

Mailing address: P.O. Box 1558, Evergreen, CO 80437-1558