



**Sari Ockner, OTR/L**

Pediatric Occupational Therapy

Sensory Integration, Handwriting, and Child Development Specialist

Intake completed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

Date of Birth: _____
Child's Age: _____
Parents Names & Address: _____ _____ _____
Phone numbers: (H) _____ (C) _____ (W) _____ Other: _____
Parent email: _____
Child's School: _____
Grade: _____
Name's of Sibling(s) _____

**My child was referred for OT by:**

**Reasons for referral:**

**BACKGROUND/MEDICAL HISTORY**

(please circle and make any necessary comments on the left of page):

Is your child generally in good health?	Y	N	
Does your child wear glasses?	Y	N	
Has your child's vision been checked?	Y	N	Date: _____
Has your child's hearing been tested?	Y	N	Date: _____
Does your child have any allergies?	Y	N	
Does your child have a medical diagnosis?	Y	N	

Please comment on anything pertinent to your child's current health status:

**BIRTH HISTORY:**

My child was born at \_\_\_\_\_ weeks of gestation  
My child spent \_\_\_\_\_ days/months in the hospital following birth  
Please describe any complications pre/post deliver:

**MOTOR MILESTONES:**

Rolled at \_\_\_\_\_ months  
Sat independently at \_\_\_\_\_ months  
Crawled at \_\_\_\_\_ months\*  
Walked at \_\_\_\_\_ months

\*Did your child crawl on all four extremities or "combat crawl"?

**Please discuss your child's strengths:**

**Please discuss your child's challenges at home, school, and/or within the community:**

**Please list desired therapy goals and outcomes:**

The best times for therapy that would work in my child's schedule are:

Monday:

Thursday:

Tuesday:

Friday:

Wednesday:

I want Sari to discuss findings of this evaluation and collaborate with my child's teachers? Y N

If yes, please sign your name for consent and provide school contact information

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

Please provide school contact information below

Name of School: \_\_\_\_\_

Phone number: \_\_\_\_\_

Child's Grade: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_