

## Occupational Therapy Intake Form

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What led you to seek Occupational Therapy services for your child? \_\_\_\_\_

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Please check all that apply, and describe your concerns about your child.

### Gross Motor:

- |  |  |
|--|--|
| <input type="checkbox"/> Difficulty with jumping, skipping, running, hopping                         | <input type="checkbox"/> Difficulty coordinating two sides of the body           |
| <input type="checkbox"/> Difficulty kicking a ball   | <input type="checkbox"/> Appears stiff or awkward during movement                |
| <input type="checkbox"/> Difficulty throwing and/or catching a ball                                  | <input type="checkbox"/> Poor posture, frequently leans into things              |
| <input type="checkbox"/> Appears weaker than peers, fatigues easily                                  | <input type="checkbox"/> Awkward gait, unsteady walking, toe walking, drags feet |
| <input type="checkbox"/> Avoids or has difficulty playing on playground equipment                    | <input type="checkbox"/> Difficulty negotiating the stairs                       |
| <input type="checkbox"/> Clumsy, decreased awareness of body in space, bumps into objects and people |  |

Concerns: \_\_\_\_\_

\_\_\_\_\_

### Fine Motor:

- |  |  |
|--|--|
| <input type="checkbox"/> Difficulty with drawing, coloring, tracing                        |  |
| <input type="checkbox"/> Avoids drawing, coloring, tracing and/or writing                  |  |
| <input type="checkbox"/> Problem holding writing tools (grasp too loose, tight or awkward) | <input type="checkbox"/> Poor posture while sitting in a chair, leans into desk, fidgets |
| <input type="checkbox"/> Writing is too dark, light, large, or small                       | <input type="checkbox"/> Difficulty using classroom tools such as scissors and glue      |
| <input type="checkbox"/> Switches hands frequently, appears to have no dominant hand       | <input type="checkbox"/> Shifts body rather than rotating across midline                 |
| <input type="checkbox"/> Slow in completing table top tasks                                |  |

Concerns: \_\_\_\_\_

\_\_\_\_\_

We Care More. We Do More.

**Tactile/Vestibular Sensory:**

- Avoids getting hands, face, body parts messy with paint, glue, sand, food, etc.
- Dislikes being close to others, hugged, and/or cuddled
- Craves touch
- Seeks putting non-food objects in mouth
- Seems to have decreased awareness of touch-minimal reaction to pain, food on face
- Picky eater, sensitive to certain textures
- Only wears certain clothing/ avoids or dislikes other clothing
- Fearful of being off the ground
- Withdraws from touch-strong dislike of grooming activities (hair brushing/ cutting, washing)
- Dislike loud sounds or is very sensitive to environmental sounds
- Dislikes playground equipment
- Avoids movement such as bouncing, swinging, rocking
- Decreased safety awareness and/ or danger seeking

Concerns: \_\_\_\_\_  
\_\_\_\_\_

**Visual/ Perceptual:**

- Difficulty copying from blackboard, workbook, or paper
- Loses place or omits word when reading, writing, and/or copying
- Reverses letters, numbers, words when reading and/or writing
- Trouble completing age level puzzles
- Difficulty discriminating shapes, letters, numbers
- Difficulty copying shapes and forms
- Uses finger to keep place and guide movement during reading
- Complains of blurriness
- Appears to not be looking at what he or she is doing
- Difficulty throwing or kicking a ball at a target

Concerns: \_\_\_\_\_  
\_\_\_\_\_

**Emotional/Behavioral:**

- Does not like changes to routines
- Difficulty transitioning between tasks or environment
- Low frustration tolerance
- Difficulty socializing/getting along with others
- Is aggressive in group situations
- Retreats from social situations/interactions
- Functions better in small group or one-to-one
- Difficulty attending to tasks
- Hyperactive
- Impulsive

Concerns: \_\_\_\_\_  
\_\_\_\_\_

**Daily Living:**

- Difficulty manipulating zippers and or buttons
- Trouble putting socks and shoes on and off
- Unable to tie laces (6 years and older)
- Difficulty dressing and undressing
- Difficulty with toileting
- Trouble washing/drying hands
- Difficulty brushing teeth independently
- Difficulty using utensils to feed self
- Trouble opening containers
- Finds household chores difficult

Concerns: \_\_\_\_\_  
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