Appendix B

Example Intake Packet

Instructions:
We require the following documentation prior to scheduling an evaluation. If your child is a current patient and you have already provided the information, you do not need to supply it again:

- ☐ Your child's most recent education and psychological evaluations, including copies of current educational programs (e.g., Individualized Education Plan (IEP), Multidisciplinary Team Evaluation (MDT).
- ☐ Your child's most recent medical evaluation and medical records (e.g., immunization record and medication list).
- ☐ A photocopy of your child's insurance card
- ☐ A completed copy of this evaluation packet.
- ☐ (If available, not required) A current videotape/DVD sample of The behaviors of concern.

Section I: Patient Information

Child's Name	**Date of Birth**	
Patient Address	**City, State**	**Zip**
Legal Guardian's Names	**Phone Numbers:**	
Address (if different from child):		
Email Address		
Primary Care Physician	**Office phone**	**Date of last visit**
Address	**City, State**	**Zip**
Person Completing Form	**Phone**	
Relationship to child	**Date form completed**	
Who referred this child?		
Address	**City, State**	**Zip**
Top 3 behavioral concerns: **1.** **2.** **3.**		

Section II: Social History

Primary Caregiver:

This is the child's: ☐ Biological Family ☐ Adoptive Family ☐ Foster Family ☐ Group Home ☐ Institution/Out of home placement (Organization's name:_____)

How long with family, in home/placement: _____

Names of individuals who currently live with the patient:

Name	Age	Relationship to Child

Biological/Foster/Adoptive Mother: **Custodial/Legal Guardian:** ☐ **Y** ☐ **N**

Age:

Occupation:

Biological/Foster/Adoptive Father: **Custodial/Legal Guardian:** ☐ **Y** ☐ **N**

Age:

Occupation:

Parents are:

☐ Married ☐ Divorced ☐ Separated ☐ Never Married

Check any of the following situations your child is currently experiencing or has previously experienced:

☐ Physical abuse ☐ Alcohol use ☐ Tobacco use ☐ CPS/Foster placement ☐ Sexual abuse
☐ Drug abuse ☐ Legal problems/arrest ☐ Residential placement

If yes, please provide additional detail:

Section III: Medical History and Intervention

Previous Surgeries	Date (or age)	Reason

Child experienced a severe head or bodily injury? ☐ Y ☐ N
If yes, describe:

Describe the child's sleeping habits:
☐ No concern ☐ Regular sleep/wake times ☐ Irregular sleep/wake times ☐ Doesn't stay asleep
☐ Nocturnal Enuresis (night-time bed wetting) ☐ Nocturnal Encopresis (night-time bed soiling)
☐ Other:

Describe the child's appetite and eating habits:
☐ No concern ☐ Failure to thrive ☐ Food selectivity ☐ Swallowing defect ☐ Vomiting ☐ Packing
☐ Obesity ☐ Rumination (brings back up and re-chews partially digested food that has already been swallowed)
☐ Aerophagia (excessive air swallowing) ☐ Mealtime tantrums ☐ Other:

Describe the child's toileting habits:
☐ No concern ☐ Pull up or Diaper ☐ Trip Trained/Scheduled Sits ☐ Independently Toilets
☐ Nighttime Accidents ☐ Other:

Current Diagnoses

Diagnosis	Age or Date Diagnosed	Diagnosed by (Provider)

Current medications: ☐ Y ☐ N If yes, describe:

Medication	Dosage	Prescribing physician	Prescribed for	Date started

Previous medications: ☐ Y ☐ N If yes, describe:

Medication	Dosage	Prescribing physician	Prescribed for	Date started

Current/Prior Professional Contact

Specialty	Professional Name (location, number)	Purpose	Duration of services
Family Medicine (PCP)			Only list current provider:
Developmental Pediatrician			☐Current Date ranges:_____ ☐Previous Date ranges:_____
Child Psychiatrist			☐Current Date ranges:_____ ☐Previous Date ranges:_____
Speech Therapist			☐Current Date ranges:_____ ☐Previous Date ranges:_____
Occupational Therapist			☐Current Date ranges:_____ ☐Previous Date ranges:_____
Physical Therapist			☐Current Date ranges:_____ ☐Previous Date ranges:_____
Early Intervention Services			☐Current Date ranges:_____ ☐Previous Date ranges:_____
Outpatient Behavior Therapy			☐Current Date ranges:_____ ☐Previous Date ranges:_____
ABA Therapy			☐Current Date ranges:_____ ☐Previous Date ranges:_____
Other:			☐Current Date ranges:_____ ☐Previous Date ranges:_____

Section IV: Neurodevelopmental History

Describe any developmental concerns:
Met developmental milestones (e.g., interacted with caregiver during feeding at 2-3 months, hand to mouth play, held bottle with two hands at 4-6 months, sat up independently for 3-5 s at 6-7 months, manipulated food and brought to mouth at 8-10 months, stood independently and pincer grasp developed at 10-12 months) **:** ☐ Y ☐ N If no, describe:
Health problems that interfere with normal development:
Select any special equipment the child requires: ☐ No equipment needed ☐ Crutches ☐ Cane ☐ Hearing aid ☐ Nebulizer ☐ Wheelchair ☐ Walker ☐ Communication Device ☐ Oxygen ☐ Leg braces ☐ Glasses ☐ Feeding tube ☐ Arm/hand splints ☐ Other:
Communication skills include: ☐ Single words ☐ Two-word phrases ☐ Pulling adults toward objects ☐ Short sentences ☐ Conversations ☐ To-and-fro/reciprocal conversation ☐ Question and answer type ☐ Engages in "social chat" ☐ Leading adults to preferred items ☐ Signs ☐ Pointing ☐ Picture Communication Systems ☐ Augmented Communication Systems (e.g., iPad, Dynavox) ☐Other:
Does your child engage in peculiar/abnormal speech patterns: ☐ Immediate Echolalia (repeating words/phrases) ☐ Delayed Echolalia ☐ Pronoun reversal (I for Me) ☐ Odd tone/pitch ☐ Odd rhythm ☐ Idiosyncratic words/phrases ☐ Refers to self by own name (does not use "I") ☐ Other:

Section V: School History

Select school placement:
☐ No school placement ☐ Home Care ☐ Respite Care ☐ Day Care ☐ Preschool
☐ Public School ☐ Private School ☐ Home School ☐ Other:

Name(s) of school placement:

Location:

Days and hours attended:

Select any special education services the child receives:
☐ No services ☐ Current IEP ☐ Occupational Therapy ☐ Vision ☐ Title I Math ☐ Behavior disorders class
☐ Resource ☐ Physical Therapy ☐ Title I Reading ☐ Speech/Language ☐ Mainstreamed class ☐ Other:

Psychological or educational testing (if known): ☐ Y ☐ N If yes, describe results:

Describe current academic concerns by child's teachers:

Current school:

Current grade:

Current teacher's name:

Has the child been retained, suspended, or expelled: ☐ Y ☐ N If yes, describe:

Previous academic performance (before current grade level):
Below Average Average Above Average

Current Academic performance:
Below Average Average Above Average

Section VI: Behavioral Concerns

Destructive Behavior (provide examples)	Onset (age)	Frequency (circle)
Self-Injurious Behavior:		Once per week or less
		1-3 per week
		Once Daily
		Multiple per day
		Hourly
Aggression:		Once per week or less
		1-3 per week
		Once Daily
		Multiple per day
		Hourly
Property Destruction:		Once per week or less
		1-3 per week
		Once Daily
		Multiple per day
		Hourly
Tantrums:		Once per week or less
		1-3 per week
		Once Daily
		Multiple per day
		Hourly
Inappropriate Vocalizations:		Once per week or less
		1-3 per week
		Once Daily
		Multiple per day
		Hourly
Pica (eating inappropriate objects):		Once per week or less
		1-3 per week
		Once Daily
		Multiple per day
		Hourly
Elopement (running/walking away from you):		Once per week or less
		1-3 per week
		Once Daily
		Multiple per day
		Hourly
Other:		Once per week or less
		1-3 per week
		Once Daily
		Multiple per day
		Hourly
Other:		Once per week or less
		1-3 per week
		Once Daily
		Multiple per day
		Hourly
Describe any related injuries or damages caused by the above behaviors:		

Select any typical consequences implemented after problem behavior:

☐ No consequences provided

☐ Verbal reprimand ☐ Time-out ☐ Escape from demands

☐ Removal of preferred item/activity ☐ Access to preferred item/activity

☐ Physical attention (e.g., hugs) ☐ Ignore ☐ Restraint ☐ Redirection ☐ Other:

Section VII: Family History

Check any of the following conditions that are or have been present in the child's immediate or extended biological family					
	Siblings	Mother	Father	Mother's Relatives	Father's Relatives
Developmental Delay					
ADHD					
Mental Retardation					
Learning Disability					
Special Education					
Cerebral Palsy					
Blindness					
Deafness					
Seizures					
Autism					
Tics/Tourette's					
Enuresis (bedwetting)					
Depression					
Anxiety					
Suicide					
OCD					
Schizophrenia					
Sleep disorder					
Alcoholism					
Drug abuse					
Migraine headaches					
High blood pressure					
Heart disease					
Diabetes					
Obesity					
HIV or AIDS					
Cancer					
Dementia/Alzheimer's					
Genetic disorder					

Section VIII: Child's Preferences

Place an X in the in the box that best describes the child's preference for each activity.

Category	Items/activity	Favorite	Likes	Does not like
Toys				
	Toys with lights			
	Toys that spin			
	Toys with music			
	Toys that beep			
	Toys with sirens			
	Toys with car sounds			
	Dolls/action figures			
	Playing or trading cards			
	Puzzles			
	Legos/blocks			
	Board games			
	Educational games			
	Toy vehicles			
	Arts & crafts			
	Stuffed animals			
	Dress up			
Activities				
	Being spun			
	Swinging			
	Wrestling			
	Running			
	Being tickled			
	Pretend play			
	Being read to			
	Being sung to			
	Being told a story			
	Attention			
Other				
	Mirror			
	Shiny objects			
	Fuzzy objects			
	Playing in water			
	Bubbles			
	Lighted objects			
	Objects that spin			
	Cold things			
	Hot things			
Electronic				
	Video games			
	Computer games			
	Music			
	Television/videos			