



# OCCUPATIONAL THERAPY INTAKE QUESTIONNAIRE

## Personal Referral Details

Childs first and last name		Date of birth	
Parents/guardians		Mobile phone number	
Address		Grade	
Email address			
Preschool/school			
Current teacher			
Reasons for referral to OT			



## Developmental History

Were there any areas of early childhood development that you had concerns with? E.g. Crawling, walking, speech?

Did your child require any professional assistance for these concerns or treatment for any health problems?

## Current Situation

Please list the other health professionals that may be assisting your child. E.g. Physio, Optometrist, Speech Pathologists. If possible, please indicate frequency of intervention and any contact details.

Additional important information affecting your child  
E.g. Allergies, medications



1. Please place a mark to the left of the skill that your child CAN do.
2. Please comment wherever necessary for skills that your child can or can't do.
3. Write N/A if the skill is beyond your child's age level

	<b><u>Fine Motor Skills</u></b> Refers to the use of hands to perform skilled/precise movements and activities.	<b><u>Comments</u></b>
	Hand preference established	
	Uses correct grip holding pencil/crayon/pen	
	Draws pictures e.g. basic shapes/people	
	Handwriting skills e.g. appropriate legibility/speed	
	Using scissors accurately and with control	
	Threading beads/craft activities/picks up tiny objects	
	Construction with blocks/lego	

	<b><u>Visual Perceptual Skills</u></b> The ability to make sense of what our eyes see	<b><u>Comments</u></b>
	Remembers visual information	
	Knows basic shapes	
	Finds things in a cluttered background. E.G. Lego piece in a pile, shoes in drawer	
	Copies work from whiteboard to work book	
	Makes letters and numbers the correct orientation, size and position on line	
	Solves jigsaw puzzles	

	<b><u>Self-Care Skills</u></b> Your child's level of independence in activities of daily living	<b><u>Comments</u></b>
	Toilet trained for wees/poos	
	Independent with toileting – transfers on/off toilet, removes clothing, wiping, washing hands	
	Uses cutlery	
	Gets dressed/undressed independently including socks, shoes	
	Ties shoelaces	
	Manages bathing/personal hygiene routines e.g. teeth brushing, hair brushing, hair cutting	
	Organizes self e.g. getting ready for school	
	Sleeping	

	<b><u>Gross Motor Skills</u></b> Refers to skills that require larger body movements such as climbing, running and ball skills	<b><u>Comments</u></b>
	Balance (handles stairs, hopping, skipping, trampoline)	
	Walking	
	Running	
	Swimming	
	Ball skills – catching, throwing, kicking	
	Climbing e.g. playground	
	Rides a bike, scooter	

	<b><u>Play/Social Skills</u></b>	<b><u>Comments</u></b>
	Engages in make believe and imaginary play	
	Uses toys creatively	
	Can play independently without adult guidance	
	Can choose own activities	
	Enjoys playing with other children	
	Engages in a variety of play activities E.g. interests are not restrictive	
	Able to share and take turns	



	<b><u>Learning and Adaptive Skills</u></b> Includes attention and concentration as well as self-regulation.	<b><u>Comments</u></b>
	Focuses attention well until a task is finished	
	Listening	
	Remembers a sequence of instructions E.g. "Go to your room and get your bag and hat."	
	Copes with change to normal routine and is reasonably adaptable	
	Copes with handling different textures E.g. Glue, playdoh, sand and is not excessively fussy with eating different textured food.	
	Does not put non-food items in mouth, chew on objects or suck on clothes.	
	Tolerates different environments E.g. shopping centres, crowds, lifts, beaches, holiday trips.	

**Further comments:** Please make any additional comments about your child's skills, strengths and weaknesses.

**Priorities for Intervention:**



Completed by:

Date:

I give consent to Kerry Liddell, Occupational Therapist...

To provide Occupational Therapy services to my child

To communicate verbally with other professionals involved with my child

To take photographs of my child for assessment purposes

Parent/guardian name:

Signed:

Date: \_\_ / \_\_ / \_\_