



PEMBROKE PINES
10261 Pines Blvd
Pembroke Pines, FL 33026

MIAMI
2955 Coral Way
Miami, FL 33145

WESTON
1495 North Park Drive
Weston, FL 33326

BOCA RATON
5970 SW 18th Street
Boca Raton, FL 33433

CORAL SPRINGS
1750 N. University Drive
Coral Springs, FL 33071

WELLINGTON
Opening Soon

ABA THERAPY INITIAL INTAKE FORM

OFFICE USE

Date completed: ___ / ___ / _____ (Mo./Day/Year)

Date revised: ___ / ___ / _____ (Mo./Day/Year)

PATIENT INFORMATION

All questions contained in this questionnaire are strictly confidential and will become part of your child's records at Therapies 4 Kids.

Child's Last Name: _____

Parent's Last Name: _____

First Name: _____ M.I.: _____

First Name: _____ M.I.: _____

D.O.B: ___ / ___ / _____ (Mo./Day/Year) Gender: M F

Marital Status: Single Partnered Married
 Separated Divorced Widowed

Street Address: _____

City: _____ State: _____ Zip code: _____ Country: _____

Phone: _____ Cellphone: _____ E-mail: _____

Pediatrician: _____

Pediatrician's Phone: _____

Diagnosis: _____

Diagnosis Given by: _____

Referred by: _____

Date of last physical exam: ___ / ___ / _____ (Mo./Day/Year)

What services are you seeking from Therapies 4 Kids:

- ABA / Behaviour Therapy Physical Therapy Occupational Therapy Speech / Language Therapy Medical
 Social Skills Academic/Tutoring Sibling Group Other _____ (please specify)

HEALTH AND DEVELOPMENTAL HISTORY

Length of Pregnancy: _____ (in weeks)

Weight at Birth: _____ (Lbs, Oz)

Describe any difficulties during pregnancy and/or delivery: _____

At what age did child sit up? _____ year(s) _____ months

At what age did child begin to crawl? _____ year(s) _____ months

At what age did child begin to walk? _____ year(s) _____ months

At what age did child begin to babble? _____ year(s) _____ months

At what age did child begin to use single words? _____ year(s) _____ months

At what age did child begin to use sentences? _____ year(s) _____ months

At what age did child begin self-feeding? _____ year(s) _____ months

Childhood Illnesses: Measles Mumps Rubella Chickenpox Rheumatic Fever Polio

Please describe any major medical problems child has experienced: _____

Please describe any major medical problems in the family: _____