

CHILD & FAMILY INTAKE

Child's Name: _____

Other name(s) child may go by: _____

FOOD AND MEALTIMES

Special Dietary Needs <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify:
Food Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify:
Favorite Foods	
Refused Foods	
Family Mealtime Routines (where you eat, self-serve or plated, etc)	
Food Rules (2 bite rule, where can eat, ask to leave table, etc)	

LIFE SKILLS

Needs assistance with getting dressed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Needs assistance toileting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
How child expresses emotions	
What comforts/calms child (sung to, held, etc)	
Special things you do or say to comfort child	
Known fears and reactions to them by child	
How child approaches things (fearless & tries everything, slow & cautious, etc)	
Consequences and discipline techniques you find most effective	