

2 Lorn St, Lorn, NSW, 2320
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 Phone: 0403010361



Occupational Therapy Intake Form

*Please print and provide back to 2 Lorn St Lorn 2320 or email reception@harpershealth.com.au prior to your initial OT appointment.

Name:	Parent/Carer Name/s:
DOB:	Address:
Home Phone:	Mobile Phone:
School:	Teacher(s):
NDIS Number:	Plan Type: Self-Managed/Agency Managed / Plan Managed

As occupational therapists (OTs), we work with families to achieve goals based on what your child needs and wants to do. The following questions are examples of areas that an OT could support your child:

Please tick (✓) the most appropriate box:

Can your child?	Yes	No
Use a knife, fork and spoon		
Eat a range of food including different textures and colours		
Independent with dressing		
Complete buttons		
Complete zips		
Orientate clothes around correct way		
Wear a variety of different clothing and textures		
Tie own shoelaces		
Tolerate having his/her hair cut		
Shower/bath independently		
Tolerate having nails cut		
Independently brush teeth		
Identify when food on face or needs a tissue to blow nose		
Day time toilet trained		
Night time toilet trained		
Able to wipe own bottom proficiently		

Reason for OT assessment:	
Other Health Services involved (including who and what they are working on):	
Diagnosis (date diagnosed and by whom):	
Medical information (allergies, illnesses, past hospitalizations, broken bones, medications etc.):	
Pregnancy and birth (brief description if there were complications):	
Developmental history- At what age did your child?	Sit:
	Crawl:
	Walk:
	Talk:
Has your child had their hearing checked? Any issues identified?	
Has your child had their vision checked? Any issues identified?	

Goal Setting:

Our occupational therapists use a goal-centered approach to family therapy. Below is an example of how carers can consider the behaviour and function of their child, in terms of goals.

<u>Goal</u>	<u>Notes</u>	<u>Example</u>	<i>Please consider what family goal(s) you think would be suitable for your child</i>
Who?	The child, parent or family	John	
Activity (what?)	What observable difference will occur?	Will be seated on the mat	
Where?	The context where the change will occur	During mat times at school	
Any supports?	Including aides, support or instruction	With or without his coloured mat	
How often?	Frequency, length of time, intensity	90% of the week (by teacher report)	
When?	When do we expect a result?	By the end of this term (May, 2019)	

<i>Please consider what family goal(s) you think would be suitable for your child</i>	<ol style="list-style-type: none"> 1. 2. 3.
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Is there anything else you would like our therapists to know about your child or family?

What works well with your child that you have tried?

What hasn't worked so well?

What does your child enjoy doing (they don't have to be 'good at it' just like it)?

Thank you for taking the time to complete this form.