

# **Client History & Questionnaire**

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Joshua Center for Neurological Disorders and St. Nicholas Children's Therapies LLC have a contractual relationship and by signing this intake form you are giving permission for both organizations to have access to your basic information.

Child's Information			
Child's Name	Birthday	Age	_Grade
Medical Diagnosis(s)			
Form completed by			
Child lives with			
Birth History			
Born at weeks' gestation. Birth weight			
Did your child require NICU care, feeding assistance?			
Birth, medical, surgical history			
Medical Background			
Physical restrictions or precautions			
Current medications & purpose			
Allergies:			
Does your child have normal sensation? If not, li	st sensation deficits (i.	e., Numbn	ess)
Does your child wear glasses?			

Allergies:
Does your child have normal sensation?If not, list sensation deficits (i.e., Numbness)
Does your child wear glasses?
Hearing aids?
Most recent vision screening or test? Results and when
Most recent hearing screening or test? Results and when
Did your child scoot instead of crawl?
Did your child skip crawling?
Did your child crawl for short time before walking?
Did your child dislike being on their stomach?
Did your child walk before 12 months or after 16 months?
Did your child skip the "terrible two's" age of imitating "no" back to you and seemed easier than you'd
thought it would be?
Therapy History
Therapies currently receiving
Therapies received in the past
Does your child have an IEP or 504?

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### Check off areas you observe with your child

#### HANDWRITING

□ Preferred hand is undetermined & Switches hands during coloring/writing or other tasks [Palm] [ATNR]

- □ Poor pencil grip [ATNR] [PALM}
- □ Immature, messy, or poor handwriting [ATNR] [PALM]
- □ Letter and number reversals [ATNR]
- □ Poor fine motor control or dexterity [Palm]
- □ Light pressure with handwriting (hard to read due to coloring/writing too light) [Palm]
- □ Excessive pressure with handwriting (crayons and pencils break with coloring/writing) [Palm]
- $\Box$  Says hands fatigue with coloring or writing [Palm]
- □ Sticks out tongue when writing [Palm]
- □ Difficulty with cutting or gluing tasks [Palm]
- □ Puts head down excessively when drawing, writing, or reading [STNR]
- □ Prefers to stand during hand activities [STNR]

#### MOTOR

- □ Poor hand-eye coordination [ATNR]
- □ Difficulty with ball skills [FPR]
- □ Difficulty throwing or catching a ball [ATNR] [TLR]
- Difficulty in sports [ATNR]
- □ Avoids sports or new physical challenges [TLR] [STNR]

□ Shallow breathing or not coordinated [FPR]

- □ Shallow breathing patterns or tends to hold breath [M]
- □ Poor balance and coordination [M] [ATNR]
- □ Poor balance, spatial or temporal awareness [STNR]
- $\square$  Balance and coordination difficulties, especially when looking up or down [TLR]
- □ Poor stamina, low endurance, easily fatigues [M] [SGR] [TLR]
- □ Weak upper body [L]
- □ Difficulty riding a bicycle [CER]
- □ Difficulty riding a bike without training wheels [STNR]
- □ Difficulty learning to swim [STNR]
- $\Box$  Struggles with summersaults (knees buckle when head turns under) [L]
- □ Difficulty with typing with correct hand placement [STNR]
- □ Hesitant going up or down stairs [CER]
- □ Difficulty with stairs [TLR]
- □ Difficulty climbing on things [TLR]
- □ Poor posture (slumping) [CER] [SGR]
- □ Slouched posture and difficulty sitting upright or head forward or to side [Palm] [TLR] [STNR] [L]
- □ W sitting [STNR]
- □ Wraps feet around front of chair [STNR]
- □ Lower back pain or scoliosis [SGR]
- □ Spinal deformities [SPR]
- $\Box$  Hip rotated to one side [SGR]
- □ Forwards or backwards rotated pelvis [STNR]
- □ Low back stuck arched position (bottom sticks out) [SPR]

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- □ Holds body stiffly [FPR]
- □ Tension or problems in the shoulders, neck, back, and hips [ATNR]
- $\Box$  Hips and spine move together (they don't differentiate) [SPR]
- □ Stiff posture [SPR]
- $\square$  Stiff jerky movements with tense muscles down the back of body [TLR]
- $\Box$  Low muscle tone (loose in joints and muscles) or muscle weakness [TLR] [STNR] [L]
- □ High muscle tone [TLR]
- $\Box$  Poor gross motor coordination [SGR]
- □ Clumsy in movements [L]
- □ Leans on others or objects for balance and stability [SPR]
- $\Box$  Unable to assume Superman position while on belly [SPR]
- $\Box$  Did not crawl as an infant [TLR] [STNR]
- □ Delayed crawling [SPR]
- □ Early walker (walked before 12 months) [CER]
- □ Delayed walking (walked after 16 months) [SPR]
- □ Leans forward (in standing or while sitting at table) [SPR]
- □ Poor posture in standing [STNR]
- □ Abnormal, awkward, or atypical walking, running, or movement pattern (lower body clumsiness) [SPR] [SGR] [ATNR] hip rotated to one side
- Waddles [SPR]
- □ Ape-like walk [STNR]
- $\Box$  Toe walking or history of [TLR] [L]
- $\Box$  Lacks reciprocal arm swinging patterns in walking or running [SPR]
- □ Difficulty with task that require crossing the midline of the body (marching in reciprocal pattern or touching right hand to left knee and left hand to right knee) [ATNR]
- □ Difficulty turning, rotating, or twisting [ATNR]
- □ Poor sense of rhythm [TLR]
- □ Difficulty moving hands, arms, head separately; tends to move as one unit [STNR]
- □ Difficulty coordinating body movements that use the upper and lower part of the body together (jumping jacks, snow angels, or marching) [L]

# **EXECUTIVE FUNCTION**

- □ Constantly feels overwhelmed (homework, transitions, etc.) [FPR]
- □ Feeling stuck or "Deer in the headlights look" [FPR]
- □ Avoidance behaviors (appears defiant) [FPR & M]
- □ Becomes anxious easily [FPR & M]
- □ Fearful or resistant to learning new information (avoids new learning at school) [M]
- □ Difficulty making choices [M]
- Easily distracted [M] [ATNR]
- □ Poor concentration [SGR] [TLR] [L]
- $\Box$  Poor attention [SGR]
- □ Difficulty with short term memory especially when sitting in chair to learn [SGR]
- □ Breath holding or shallow breathing with new learning [SPR]
- □ Short- and long-term memory difficulties [SPR]
- □ Short term memory difficulty [L]
- □ Difficulty in school [ATNR]
- $\hfill\square$  Math and reading issues [ATNR]
- □ Doesn't like working puzzles [ATNR]

- □ Disorganized approach with task (getting dressed, brushing teeth, toileting, preparing simple foods, schoolwork) [ATNR]
- □ Difficulty following directions [ATNR]
- $\Box$  Frequently ask for directions to be repeated (says, "What" a lot) [ATNR]
- □ Frequently misunderstands [ATNR]
- □ Difficulty with attention, focus, and memory [ATNR]
- □ Difficulty sequencing [ATNR]
- □ Poor spelling [Palm]
- □ Difficulty processing ideas [Palm]
- □ Difficulty writing ideas onto paper or computer [Palm]
- $\hfill\square$  Difficulty with verbal expression of ideas or thoughts [Palm]
- $\Box$  Difficulty paying attention, especially when head is down (at desk or reading) [TLR]
- □ Poor sequencing skills (organizing and doing task in correct sequences) [TLR]
- □ Poor cause and effect awareness [TLR]
- □ Difficulty understanding new information [L]

# SELF-HELP SKILLS

- □ Sleeping and eating difficulties [FPR]
- $\Box$  Difficulty falling asleep, staying asleep, waking up, or wakes up tired [M]
- □ Doesn't like head tipped back (washing hair) [M]
- □ Bedwetting long after toilet trained [SGR]
- □ Difficulty with control of bowel or bladder (doesn't make it to the bathroom in time) [SGR]
- $\Box$  Bedwetting or bladder issues or toilet training issues or history of [SPR]
- □ Difficulty with food textures or picky eater [R]
- □ Thumb sucking [R]
- □ Overeats [R]
- □ Gags easily [FPR]
- □ Food sensitivities, food allergies, or weakened immune system [M]
- □ Hypersensitive around mouth [R]
- □ Dribbling or drooling [R]
- □ Chronic digestion problems [SGR]
- □ Stomach pain [SPR]
- □ Picky eater [SPR]
- □ Difficulty using eating utensils (spoon/fork) [Palm]
- □ Prefers to eat with fingers [Palm]
- □ Difficulty using knife to spread toppings [Palm]
- □ Messy eater [STNR]
- □ Difficulty picking up small items [Palm]
- □ Difficulty with dressing and fasteners (buttons, zippers, snaps) [Palm]
- □ Difficulty tying shoes [Palm]
- □ Speech and articulation problems [R] [PALM] [TLR]

# VISION

- □ Poor spatial awareness of people and objects around them (bumps into people/objects) [TLR]
- □ Tends to cross eyes [TLR]
- □ Poor eye hand coordination [STNR]
- □ Difficulty reading [TLR] [STNR]
- $\hfill\square$  Skipping parts of the line or words when reading [ATNR]
- □ Skipping lines when reading [ATNR]

- □ Visual issues and poor eye contact [STNR]
- □ Visual tracking difficulties [STNR]
- □ Keeps eyes close to paper [STNR]
- □ Difficulty locating items in busy background [STNR]
- □ Difficulty looking from near to far (copying from the board) [STNR] [ATNR]
- □ Poor depth perception [ATNR]
- □ Imbalance between focus and peripheral vision; doesn't get the big picture; focus tied to arm's length [ATNR]

#### SENSORY

- □ Easily startles or fearful to loud noises or noises (asks "what's that") [FPR]
- □ Hears sounds that others do not [FPR]
- □ Difficulty doing task when sounds or noises are close by [FPR]
- □ Slowed responses to auditory information [ATNR]
- □ Not consistently responding to name [ATNR]
- □ Easily startles or fearful to visual stimuli [FPR]
- □ Visually distracted [FPR]
- □ Difficulty with visual cues in the environment [FPR]
- □ Doesn't like when eyes are covered up [FPR]
- □ Easily startles or fearful to touch stimuli [FPR]
- □ Withdrawn from touch [FPR]
- □ Overly sensitive to touch, noise, light, movement, and smell [M] [SPR]
- □ Resistive to and hypersensitive to grooming and hygiene tasks: nail clipping, brushing teeth, hair washing, and haircuts, dentist, or history of [FPR]
- □ Motion sickness [M]
- □ Avoids movement or vestibular tasks [M]
- □ Constantly seeks movement [M]
- □ Becomes even more excited after movement [M]
- □ Thrill seeker without regard for safety [M]
- □ Rarely yawns [M]
- □ Yawns a lot [M]
- □ Tends to adjust body or fall out of chair [SGR] [TLR]
- □ Seeks head banging [TLR]
- □ Reactive between head/neck and arm muscles [STNR]
- □ Hyperactive or fidgety [FPR] [CER] [STNR]
- □ Hyperactive and restless, especially if clothes or chair brush against their back [SGR]
- □ Fidgety or wiggly "ants in the pants" [SGR]
- $\Box$  Cycles of hyperactivity and extreme fatigue [M]
- □ ADHD or behaviors of [STNR]
- □ ADD or behaviors of [STNR]

#### SOCIAL SKILLS

- □ Excessive anxiety or negativity [FPR]
- □ Insecure of low self-esteem [FPR]
- Depression, isolation, withdrawn (likes to keep to self) [FPR]
- □ Extreme shyness, fear of groups [FPR]
- □ Excessive fear of embarrassment [FPR]
- □ Fear of separation from loved one, clinging [FPR]
- □ Lack of trust [FPR]

□ Prefers & seeks sedentary play and withdrawn [M] [STNR]

□ Avoids social situations or easily frustrated in social situations [STNR]

□ Difficulty making friends [M]

- □ Acts younger than actual age [M]
- □ Plays roughly with people or objects [SPR]

#### SELF-REGULATION

- □ Obsessive compulsive behaviors [FPR]
- □ Impulsive/aggressive or overreacts to small situations (yells, kicks, bites, tantrums, shuts-down)[M]
- □ Easily triggered, reacts in anger or emotional outburst [M]
- □ Oppositional or aggressive behaviors [FPR]
- □ Temper tantrums [FPR]
- □ Intense emotional reactions (quickly goes from calm to intense) [FPR]
- □ Difficulty adapting to changes [M]

#### **Cognitive Functioning**

Does your child struggle with impulse control, shifting attention, initiation, remembering, planning, and organizing and/or with self-monitoring or direction following? This is often seen with difficulties in starting, planning, and carrying out multi-step activities. Areas often affected are time management, budgeting, academics, focusing, transitions between tasks, following directions, motivation, navigation, and independence. Please explain as applicable:

#### **Therapy Expectations/Goals**

What do you expect to get out of therapy? Please explain your main concerns and specify what you want occupational therapy services to focus on: \_\_\_\_\_\_

#### How did you hear about St. Nicholas Children's Therapies?

- \_\_\_\_Friend/Family
- \_\_\_\_School
- \_\_\_\_Doctor
- \_\_\_\_Magazine article
- \_\_\_\_Presentation
- \_\_\_\_Insurance company directory
- \_\_\_\_Website/Internet
- \_\_\_\_Other: \_\_\_\_\_

Admin: Fear Paralysis Reflex [FPR], Rooting Reflex [R], Moro Reflex [M], Crossed Extension (legs) Reflex [CER], Spinal Galant Reflex [SGR], Spinal Perez Reflex [SPR], Asymmetrical Tonic Neck Reflex [ATNR], Palmar Reflex [Palm], Tonic Labyrinthine Reflex [TLR], Symmetrical Tonic Neck Reflex [STNR], Landau Reflex [L]