

# CHILD & FAMILY INTAKE

Child's Name: \_\_\_\_\_

Other Name(s) Child goes by: \_\_\_\_\_

<b>FOOD and MEALTIMES</b>	
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 (i.e. where eat, self-serve or plated for, etc.)	
Food Rules (i.e. 2 bite rule, where can eat food, asked to leave table, etc.)	

<b>LIFE SKILLS</b>	
Needs assistance with Dressing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain
Needs assistance with Toileting? <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain
How child expresses emotions	
What comfort/calms child (i.e. sung to, held, etc.)	
Special things you do or say to comfort child	
Known fears & reactions to them by child	
How child approaches things (i.e. fearless & tries everything, slow & cautious, etc.)	
Consequences and Discipline techniques you find most effective	

What is the most important thing we should know about your child?

