

2020 Compass Intake Form

Therapist: _____

Patient Demographic Information

Patient Name:	
Street Address:	Date of Birth:
City, State, Zip Code:	Home Phone:
Gender:	Work Phone:
Email Address:	Mobile Phone:
Primary Physician:	Psychiatrist (if any):
Emergency Contact Person:	Emergency Contact Phone:
How did you hear about us?	Marital Status:

Parents (Or Legal Guardians):

Marital Status:	Home Phone:
Street Address:	Work Phone:
City, State, Zip Code:	Mobile Phone:
Relationship to Patient:	Email:

Mother or Legal Guardian:

Name:	Home Phone:
Street Address:	Work Phone:
City, State, Zip Code:	Mobile Phone:
Relationship to Patient:	Email:

Father or Legal Guardian:

Name:	Home Phone:
Street Address:	Work Phone:

City, State, Zip Code:	Mobile Phone:
Relationship to Patient:	Email:

Who are the people most involved in your child's care?

Mother Father Grandparents Housekeeper (au Pair)

Other: _____

Primary language(s) spoken in the home:

Please tell us about your support network (i.e. family, friends, support groups, agencies, etc.)

If an agency or licensed professional, please include names and phone numbers for each.

What are your child's strengths?

What are your child's favorite activities or interests? (computer games, sports activities, reading, playing with friends, watching TV, crafts etc.)

Does your child participate in extracurricular activities? Yes No

If YES, what type (baseball, soccer, dance, swim etc.)?

Are extracurricular activities:
structured: (little league, soccer team, dance class, swim team or class)

unstructured: (waffle ball with a friend or parent, going to the pool)

both

Does your child participate in extracurricular activities that are for:

typical children

children with special needs

What are some of the difficulties that brought you here?

What strategies have you tried that have been successful for you?

What have you tried that has NOT been successful?

Is your child adopted? Yes No

During the pregnancy, was there exposure to any toxins, including alcohol and drugs, prescription or otherwise? Yes No

If yes, please explain:

Did the pregnancy go to full term? Yes No If no, please explain:

At what age did your child:

Sit up _____ Crawl _____ Walk _____ Speak in sentences _____

Is your child toilet trained? Yes No At what age? _____

Have there been any recent changes in your family? (death of a family member, disruption of family by separation or divorce, birth of a sibling, difficulties with siblings)

Please explain any educational difficulties your child is experiencing (i.e. difficulty learning to read, unable to read, academic problems, issues with teachers or classmates)

Please explain any social difficulties your child is experiencing:

MEDICAL INFORMATION

What is your child's most current diagnosis?

Did your child ever receive another diagnosis?

Is your child on medication? Yes No

If YES, what type(s) and dosage?

Does your child have allergies? Yes No

If YES, what is your child allergic to? Please list all surgeries (and dates)

Has your child ever been hospitalized for an extended period of time? Yes No

Cause of hospitalization:

Does your child have a history of seizures? Yes No

When was his/her last seizure?

Approximately how frequently does your child have seizures?

Is your child currently under the care of a psychiatrist/ psychologist/ social worker? Yes No

If yes, which:

How frequently (i.e. 1x month, 1x week, 2x month)

Does your child have health insurance? Yes No

If YES, what type?

SCHOOL INFORMATION

Does your child go to public or private school?

Does your child have an Individual Education Plan (IEP)? Yes No

Does your child attend a special education school? Yes No

What type of classroom is your child in? Mainstream Inclusion Self-contained

Other:

Does your child have an aide? Yes No

If YES, what is the child to aide ratio? (i.e. 3:1, three children share one aide)_____

Does your child use any adaptive equipment in the classroom? Yes No

Does your child have attendance difficulties? Yes No

Please describe anything else that you think would help us to understand your child: