Maureen Brady OTR/L

Occupational Therapy Adult Intake Form

Name: ______________________________ Today's Date: __________________

Nickname: ________________________ DOB: __________________

Referred to OT by: ____

Diagnosis (If known) and Practitioner who completed the evaluation (Please provide this documentation):

____

Please list individuals and your relationship to those you reside with.

____ ______________________________________

____ ______________________________________

____ _______________________________________

Language spoken in the home: ___________________________

Is an interpreter needed for the Occupational Therapy session? ___________________________

Emergency contact person: (Name) ____

Phone number(s) ____

Primary Doctor's name and address: ____

____

____

Have you received Occupational Therapy in the past? ______ Yes ______ No

Are you currently seeing other practitioners, i.e., Naturopaths, Functional Medicine Doctors, Counselors, Neurologists, Nutritionists, Psychologists, etc.? _________ Yes __________No

If yes, please list the practitioner's name(s) and address:

____ ____

____ ___

____ ___

Please list all medications and supplements you are currently taking.

____ ___

____ ___

____ __

____ __

____ ___

Are there any medical concerns that the OT should be aware of? ______ Yes ______ No
If yes, please list these. ____ __

____ __

____ __

Have you ever been tested for allergies? ______ Yes ______No

If yes, please list practitioner and how testing was done, i.e., blood test, muscle testing, etc.

____ ___

Do you have any allergies? _____ Yes _______ No If yes, please list these.

____ __

Are there currently any changes or stressors occurring in your life?

_______Yes _____ No If yes, please explain.

____ ___

____ __

____ __

Do you have any specific phobias or anxieties? ________ Yes ______ No

If yes, please list them.

____ _

____ _

____ _

Please list your primary reason(s) for requesting OT and your desired outcome(s).

____ _

____ _

____ _

____ _

Printed name of person competing this form.

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