



Thank you for choosing Triumph Kids as your Therapy provider! We want to do anything we can to make this process as smooth as possible for you and your child, and create a positive and effective experience for all. If you have any questions, please don't hesitate to call us at 561-906-8674 or email us at Therapy@gotriumphkids.com. In order for our therapists to be as prepared as possible for your child's initial evaluation, and be able to create a positive environment, please print and fill out the attached forms, and provide the below documents (as applicable) to Triumph Kids prior to your child's Initial Evaluation. If possible we request that you provide these documents to us 24 hours in advance for the therapist to prepare. All the documents can be dropped off at the clinic or emailed to Therapy@gotriumphkids.com. We thank you in advance for taking these extra steps, it will save you a great deal of down time at the initial evaluation and go a long way to helping us ensure we are able to provide the best experience and most effective evaluation.

Documents needed prior to your child's evaluation:

- **Doctor's Prescription (if applicable)**
- **Completed Patient Intake form (Attached here)**
- **Completed Sensory Processing Measure (Attached here)**
- **IEP (if applicable)**
- **Copies of any other medical report, testing results or therapy reports that could be of assistance to the therapist (as appropriate)**



Therapy Intake Form

Childs Name _____

Date of Birth _____

Parent(s) Names _____

Address _____

Phone: _____

Cell: _____

Email: _____

Preferred form of communication for messages: Email or Text

Physician: _____

1. What is your primary concern about your child? _____

2. What different therapies has your child attended in the past, or is currently attending? What other strategies have you tried in the past, or are currently using? _____

3. What specific skills do you hope for your child to gain during therapy? _____

4. Was your pregnancy full term & did you have natural birth or c-section? _____

5. Were there any illnesses, bleeding, injuries or other complications during your pregnancy or delivery? _____

6. Was there any concerns or complications after birth? Was your child in the NICU or PICU? _____

7. Please list any injuries, illnesses, surgeries or other medical or psychological diagnoses for your child: _____

8. Is your child currently taking any medications? _____

9. Does your child have any known allergies? _____

10. Has your child's vision or hearing been tested recently? (If yes, when and what were the results)____

11. Are there any other precautions or concerns that we should know about, not listed above? _____

Speech/Language:

1. What is your child's primary mode of communication (gestures, signing, single words, short phrases, sentences, augmentative device, picture exchange)? _____

2. If your child is talking, please indicate at what age your child began to
 _____ Babble _____ 2-3 word phrases
 _____ First word _____ Use language as primary mode of communication
3. Please give an estimate of how many words are in your child's vocabulary. _____
 Receptive (words understood) _____
 Expressive (words spoken) _____
4. How much of your child's speech do you understand?
 10% or less 11-24% 25-50% 51-74% 75-100%
5. How much of your child's speech do others understand?
 10% or less 11-24% 25-50% 51-74% 75-100%
6. Does your child demonstrate frustration when he/she is not understood? Yes / No (Please explain) ____

Developmental

How old was your child when they started:

- Rolling: _____

- Independent sitting: _____
- Crawling: _____
- Cruising (furniture walking): _____
- Walking: _____

Play/Social

1. Does your child engage in eye contact during communication? Yes / No / Sometimes
2. When given a choice, does your child prefer to play alone or with others? Alone / Others
3. How does your child interact with others (shy, aggressive, cooperative, etc.)? _____

4. Does your child:
 - Answer questions logically? Yes / No / Sometime
 - Greet people arriving or leaving? Yes / No / Sometimes
 - Engage in turn taking? Yes / No / Sometimes
 - Initiate conversation? Yes / No / Sometimes
5. What are some of your child's favorite toys/interests? _____

Self-Care and Sensory

1. How does your child do with dressing him/herself? Does he/she need assistance? If so – how much? _____

2. How does your child do eating? Does he/she need assistance? If so – how much? _____

3. How does your child do with bathing? Does he/she need assistance? If so – how much? _____

4. How does your child do with grooming? Does he/she need assistance? If so – how much? _____

5. Does your child tend to avoid or seek stimulation? (Light, noise, movement, pressure) Please explain any pertinent behaviors surrounding this. _____

6. Circle any areas that child shows challenges with and give details if needed:

Food Touch Noise Crowds Smells Movement/Motion

7. Does your child have any other behaviors that we should know about, and if so, what are your current strategies to address? _____

Education

1. Does your child attend school? If yes, where and how often? _____

2. What grade is your child presently in? _____

3. Please list any extra services your child receives at school _____

4. May we communicate with the school therapists to collaborate services? Yes / No

(If yes, please list their information on the "Consent for Release" form and provide a copy of your child's most current IEP)

5. Does your child experience any specific challenges in school? (Please explain) _____

THANK YOU for completing this form and for choosing Triumph Kids for your therapy needs. Please return this form via email to Therapy@Gotriumphkids.com prior to your child's first appointment if possible, so the therapist can best prepare for your child's session. (Or drop it off in person at the center). We look forward to working with you and your child to meet your child and your families' goals!