Patient Intake Form – Special Accommodations

Rady Children's Hospital San Diego

Patient Demographics

Patient Name:_____ **DOB:** _____ **Diagnosis:** _____

Parent/Guardian: _____ **Phone #:** _____

Communication

My child:

☐ Speaks in full sentences   ☐ Speaks in short phrases   ☐ Speaks 1-2 word responses

☐ Non-verbal   ☐ Uses a communication device: _____

My child communicates best using:

☐ Spoken language   ☐ Pictures   ☐ Written words

Behavioral

My child's specific interests or favorite objects include:

1)_____

2)_____

3)_____

My child's dislikes or things that upset my child include:

1)_____

2)_____

3)_____

Suggestions for my child

☐ Use simple, direct language   ☐ Allow time for processing questions or instructions

☐ Provide 2-3 choices when offering items/ activities   ☐ Give '2 minute' warning before changes/transitions

☐ Keep lights dimmed   ☐ Keep noise levels low

☐ Model any necessary procedures   ☐ Create a visual schedule of necessary procedures

☐ Create a written schedule of necessary procedures   ☐ Earn a reinforcer at the end of the visit _____

☐ Other: _____   ☐ Other: _____