

## Patient Intake Form – Special Accommodations

### 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

- |  |  |
|--|--|
| <input type="checkbox"/> Use simple, direct language                         | <input type="checkbox"/> Allow time for processing questions or instructions |
| <input type="checkbox"/> Provide 2-3 choices when offering items/ activities | <input type="checkbox"/> Give '2 minute' warning before changes/transitions  |
| <input type="checkbox"/> Keep lights dimmed                                  | <input type="checkbox"/> Keep noise levels low                               |
| <input type="checkbox"/> Model any necessary procedures                      | <input type="checkbox"/> Create a visual schedule of necessary procedures    |
| <input type="checkbox"/> Create a written schedule of necessary procedures   | <input type="checkbox"/> Earn a reinforcer at the end of the visit _____     |
| <input type="checkbox"/> Other: _____  | <input type="checkbox"/> Other: _____  |