

**Hi-Desert Physical Rehabilitation Group
Pediatric Occupational Therapy
Patient History**

NAME: _____ DATE: _____

FORM COMPLETED BY: _____

Medical appointments or testing completed or upcoming since last report

MEDICATIONS:

HOME ABA- if yes how often:

PSYCHIATRIC COUNSELING OR APPOINTMENTS _____

NEXT SCHOOL YEAR PLAN- PROMOTING/RETAINED : How was last report card? You're your child be mainstreamed 100%, 80%, etc. -will they have a 1 on 1 aide

Any major concerns at home and or in school:

Major behavior concerns:

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BEHAVIOR AND LIFE SKILLS CHECK LIST

NAME: _____ AGE: _____ DATE: _____

(Please place a check mark by any areas your child exhibits or has problems with. Please circle areas of greatest concern) Make comments about any concerns. Add any behavior specifics

EATING: EATS a Regular diet using utensils.

Eats with fingers—refuses or can't eat with utensils

Spills a lot—a messy eater

Picky eater: _____

Refuses to sit to eat —roams around—grazes

Chokes, gags, reflux

DRESSING: DRESSES self --age appropriate—puts on takes off clothes

Unable to do fasteners—buttons, snaps, zippers, tie shoes

Unable to dress self—needs maximal assistance

Won't wear certain textures _____

Won't wear socks and or shoes

TOILETING: Independent No issues or accidents.

Unable to clean self after toileting.

Incontinent —still wears diapers or pull ups —refuses to toilet train

Will not tell parent if dirty diaper.

Plays with or smears Feces.

Afraid of toilet or bathroom.

HYGEINE: LIKES OR DISLIKES bath time

Brushes teeth.

Screams or carries on with bath time

SLEEPING: Sleeps in own bed –good sleeper –no issues

Awakens nightly—won't sleep or stay in own bed

Won't go to sleep despite routines

Night Terrors

Sleep Walking

PERSONAL SPACE: Likes Compression

Presses against people or furniture

Hides between furniture or in tight spaces.

Difficulty standing in Line or sitting next to others.

Can't keep hands to themselves

Gets in trouble at carpet time

Dislikes touch or hugs

PATIENCE: Unable to Wait

Demands constant attention or entertainment

Unable to be told "NO"

PLAY: Lines up objects in a row

Walks around aimless –no purposeful interaction or interest with toys

Spins Objects or picks up toys and drops them

Plays by himself

Runs back and forth and or is always jumping on off objects

PLAY CONT: Takes turns
Get mad if loses – poor sport
Has friends
Plays by themselves at recess

BEHAVIOR: TANTRUMS/MELTDOWNS (describe—how often do they occur) -

SHUT DOWNS

Head Bangs

Screams

Hits, Bites, Kicks, Throws

Lays on floor won't get up

Cries, screams –unable to be consoled –difficulty self regulating

Difficulty with transitions from one task to another or one place to another

Requires rigid routine—inflexible to changes

Able to eat in a restaurant

Acts up in public –unable to go into a store or restaurant

Aggressive to siblings and or pets

Constantly banging into objects

Falls a lot—clumsy

Always touching others can't keep hands to self

Excessively loud

Dislikes loud noises—covers ears