



MoveAbout Therapy Services

www.moveabout.com.au

Paediatric Occupational Therapy

Ph: (02) 8883-0088 Fax: (02) 8883-0077

Intake Form

Date:

Client's Name:		
Age:	DOB:	
Parents; Caregivers names:	Mother:	Father:
Phone numbers:	Landline: Work:	Mobile:
Email address:		
Postal address:		

Who referred you to us? _____

PRESENTING ISSUES/CONCERNS:

1. In a few sentences, please explain your main reason/s for receiving occupational therapy?

2. Does your child have a diagnosis?

3. Do you have any concerns about your child's processing of sensory information? i.e. do they ever over/under respond to touch, sound, smells, tastes or movement. Please give some examples?

4. Do you have any concerns regarding your child's fine motor skills? i.e. handwriting, manipulating small objects, buttons, zippers.

5. Do you have any concerns regarding your child's gross motor skills? i.e. sport, coordination, clumsiness.

6. Do you have any concerns regarding your child's emotional or behavioural regulation?

7. Do you have any concerns regarding your child's social abilities?

Availability for Treatment: (please provide at least 3 options)

Day: Time:

Day: Time:

Day: Time:

Funding and Payment for Services

No ☐ Yes ☐ Agency- managed ☐ Self-managed ☐

*Please note: MoveAbout Therapy does **not accept plan- managed NDIS plans.**

**For Early Childhood Early Intervention (children under the age of 7 years of age)
MoveAbout Therapy **can only accept self-managed plans.**