



5930 E Pima Street Suite 138, Tucson AZ 85712 . phone 520-441-4006 . fax 855-249-5320

DEVELOPMENTAL EVALUATION INTAKE FORM

Child's Name: _____ DOB (Age): _____ (____)

Parent Name(s): _____ Phone: _____

_____ Phone: _____

If parents are separated, briefly characterize the custody arrangement by **specifying who has the right to consent to medical procedures and to receive confidential information regarding the above named patient:** _____

Mailing Address: _____

Preferred Contact: _____ Preferred Phone: _____

Permission to leave detailed Messages on the Above (circle one): Yes No

Brief Description of Primary Concerns (i.e. Why are you seeking evaluation of you or your child?):

Has your child had an evaluation before? (circle one) Yes No

If yes, when and by whom?

Date(s) of Previous Evaluation(s): _____

Name(s) of Previous Evaluator(s): _____

Report(s) Available for Review? (circle one) Yes No

If no, are you willing to sign a release so that we can request records? (circle one) Yes No

Briefly summarize the outcome of any past diagnostic evaluation(s) as you recall them:

Please list ALL medications and supplements your child is taking at present. Include dosages and the number of times the medication is taken in a single day (e.g., melatonin 5 mg nightly).

Please describe briefly or list any problematic behaviors you are concerned might get in the way of a thorough assessment of your child.

Please describe briefly or list any concerns you have about your child's neurocognitive functioning (e.g., concerns about memory, language, attention, etc.).

Is your child toilet trained? (circle one) Yes No

Does/she still have accidents? (circle one) Yes No

If yes, describe briefly the nature and frequency: _____

Are there any known medical risk factors to cognition that Dr. Sarah should be aware of? If so, please briefly describe or list those below (e.g., history of head injury, known genetic abnormality, etc.).

Is there anything else you wish to disclose to our office at the outset? In particular, is there anything we should know prior to beginning testing? If so, please list it below and/or alert one of our staff members.
