



SIU MEDICINE
FORWARD. FOR YOU.

Department of Pediatrics
Division of Developmental Behavioral Health

Section Intake Form

Please fax this form (along with any supplemental information or evaluations) to **(217) 545-5018**.

Name (person completing form):	Date:
Child's Name:	Current School/Grade
D.O.B.	School Fax:
Address:	School Address:
Legal Guardian(LG):	DCFS Involved? Y N
Does this child reside with LG? Y N	Parent 2:
Name:	Name:
DOB	DOB
Relationship to Child:	Relationship to Child:
Occupation:	Occupation:
Address:	Address:
Phone: (H)	Phone: (H)
(C)	(C)
Insurance:	Insurance:
Highest level of Education:	Highest Level of Education:
Child's current levels of function:	
What are your child's strengths?	? concerns in: Y/N Age noted:
	Motor skills:
	Fine Motor skills :
	Speech/Language:
What would you like addressed in this evaluation?	Social Skills:
	Attention:
	Feeding:
	Sleep:
	Behavior:
	Unusual/Atypical Behavior:
	Other:
Home and Community Activities your child enjoys:	Do you or your child's physician have any concerns regarding a possible Autism or Asperger's diagnosis? Y N



SIU MEDICINE
FORWARD. FOR YOU.

Department of Pediatrics
Division of Developmental Behavioral Health

Section Intake Form

Please fax this form (along with any supplemental information or evaluations) to **(217) 545-5018**.

Page 2

Medical History:			
Birth History:		Hospitalizations:	
Prior miscarriages or fertility challenges?: Y/N			
Birth weight:			
Prenatal/Delivery Complications:			
Any difficulties in the first year of life?:		Surgeries:	
Current Medications:		Traumatic Injuries:	
		Current Diagnoses/Subspecialist Care:	
Past Medications:			
Prior Evaluations	Date	Developmental Milestones	Age
Early Intervention?		Walked	
IEP?		Single words	
504		Short phrases	
Psychological evaluations?:		Sang a simple song	
		Toilet learned	
Other:		? Family History of:	Which members?
		ADHD	
Ongoing therapies:	Location	Frequency	Autism Spectrum Disorder
Speech			Intellectual Disability
Occupational			Learning Disability
Physical			Anxiety
Behavioral			Depression or Mental Illness:
Counseling			Heart attack or arrhythmia
Tutoring			Other:

Please include descriptions of challenges or additional information on a separate sheet of paper if needed.