

Patient Name:

DOB:

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Ridgefield Pediatrics Developmental & Behavioral Intake Form

Ages 0-3 years

What developmental and/or behavioral concerns do you have about your child?

How old was your child when you first became concerned about their development and/or behavior?

Was your child born prematurely? YES/ NO

If yes, how many weeks? _____

If yes, how long was your child in the NICU? _____

Did your child have a breathing tube/ventilator in the NICU? _____

Is there any chance your child was exposed to any alcohol and/or street drugs during the pregnancy? YES / NO

Has your child ever been evaluated by Birth to Three (a.k.a. Early Intervention)? YES / NO

Did your child qualify for services with Birth to Three? YES / NO

Did Birth to Three provide a “diagnosis” or “classification”?

Does your child attend daycare or preschool? YES / NO

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Has your child ever been to see a psychologist or physician for these concerns? YES / NO

Where/Who: _____

What diagnoses or support were provided?

Is your child currently receiving any therapies? YES / NO

Please indicate which therapies and how many times a week:

- Psychotherapy
- Play therapy
- Occupational therapy
- Speech therapy
- Physical therapy
- Other

Thank you for taking the time to complete this form. If your child has been evaluated by Birth to Three or another psychologist or physician, please return this form with the copies of the previous evaluation(s).