

Patient Name:

DOB:

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Ridgefield Pediatrics Developmental & Behavioral Intake Form

Ages 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?

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

Where/Who: _____

What diagnoses or support were provided?

Patient Name:

DOB:

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Did your child receive any services from Birth to Three (a.k.a. Early Intervention)? YES / NO

Has your child ever been evaluated by their school district? YES / NO

School: _____

Grade: _____

Does your child currently have a 504 plan or IEP (Individualized Education Plan)? YES / NO

IEP Classification: _____

Type of Classroom:

- General education
- Self-contained
- ABA
- Inclusion (mixed)
- Other

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).