



804 Stanley Street
Nelson BC
V1L 5H7
P 250-505-1171
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Therapyservices@kootenaykids.ca

Physiotherapy & Occupational Therapy Program INTAKE FORM

The following questions are voluntary. They are being asked to help us develop a better understanding of your child's needs, their strengths, and goals for treatment.

*At KKS we embrace the values, skills and knowledge of **family-centered practice**. Please refer to the Kootenay Kids Performance and Quality Improvement manual, for the full family-centered practice statement.*

Child's Name: _____ D.O.B: _____ Gender (optional): _____

What are your child's needs or areas of concern?

What would you describe as your child's gifts/strengths?

What kinds of activities does your child seem to enjoy best? How do they like to play (can you give some examples here?)

What are your goals for therapy? (E.g. what skills or behaviours do you hope to see developed in your child?)

Please list any relevant family and/or child medical history: that may help the therapists to develop a treatment plan.



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Please list any complications or medical issues during pregnancy or birth:

Please feel free to share customs, beliefs, behaviours, or traditions that align with your culture; which you think are important to working with your family and child.

Is there any other information that would be helpful for us to know when assessing and treating your child?

Information provided by: _____ Relationship to Child: _____

Date completed: _____

All client information is kept confidential and all client records are securely stored according to KKS policy.