Pediatric therapy intake form

Fields to adapt for ABA, speech or occupational therapy. Ask only what your clinic needs.

therapycrm.io

Client and family

Client name

Preferred name

Date of birth

Caregiver name(s) and relationship

Phone

Email

Preferred contact method

Who may receive scheduling messages

History

Reason for contacting the clinic or referral source

Prior or current services

Languages used at home

Communication, daily activities and priorities

Current communication

Daily activities or routines the family wants to discuss

Family priorities and goals

Blank template from TherapyCRM. Adapt it to your clinic's own policy and professional judgment. It is not clinical, legal or regulatory advice and does not claim to meet any payer, regulator or certification-body requirement. therapycrm.io/guides/intake-and-consent-forms-pediatric-therapy

Visit preferences

Setting or accessibility preferences

Questions the family wants to discuss

Completed by	Relationship to client	Date

Consent is separate. Use your clinic's own consent form, with wording reviewed by your counsel, especially for minors and shared custody. This intake form is not consent language.