



## Play Group Intake

How did you hear about Red Oaks Coping? \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Natural Child: Y N

Mother: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Is it okay to leave a message? Y N

E-Mail Address: \_\_\_\_\_

Father: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Is it okay to leave a message? Y N

E-Mail Address: \_\_\_\_\_

In case of emergency, contact:

Name	Relationship	Phone	E-mail
_____	_____	_____	_____
_____	_____	_____	_____

School: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Please list any allergies (food, latex, environmental, etc): \_\_\_\_\_

Please list any medications your child is taking: \_\_\_\_\_

History of seizures: Y N

If yes, is it controlled? \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

If yes, does your child have a shunt? \_\_\_\_\_ Date of last procedure: \_\_\_\_\_

What are your child's preferred comfort items, favorite toys/activities, interests, etc? \_\_\_\_\_

---

---

---

What does your child enjoy doing the most? \_\_\_\_\_

---

---

What does your child dislike doing the most? \_\_\_\_\_

---

---

Any additional comments or information that would be helpful for us to know? \_\_\_\_\_

---

---

---

---

Signature

Date

---

Relationship to the child