



DR. LOUISE LINDENBERG

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INTAKE FORM FOR NEW PATIENTS (CHILDREN)

Patient name:

Date of Birth: / /

Gender: M F

Diagnosis (tick): Autistic Spectrum (ASD) Attention Deficit Disorder (ADHD)

Other:

Date of Diagnosis: / /

INFORMATION ABOUT FAMILY

	Mother	Father
Surname	-	-
Name	-	-
Language	-	-
Profession	-	-

General Practitioner:

Pediatrician:

Other involved medical practitioners:

Allergies to medication:

Medical Aid:

Number:

School:

Grade:

MEDICAL HISTORY:

	Description	Age
Serious illness:-	-	-
Hospitalisation:	-	-
Operations:	-	-
Accidents:	-	-

Allergies:

Epilepsy/Convulsions/Black-outs/high fevers

CURRENT HEALTH:

Healthy/recurrent infections/other:

Eating habits: balanced diet/messy eater/low appetite/picky eater

Food cravings:

Food aversions:

Sleep: good/restless/nightmares/frequent waking/tired on waking

Head: headaches: Y N Tics: Y N

Itchy scalp: Y N

Flushing: Y N

Paleness: Y N Dark circles under eyes: Y N

Mouth ulcers, dry lips: Y N Bad breath: Y N

Mouthing of non-food items: Y N Teeth grinding: Y N Day Night

Fatigue/weakness: Y N Time of day:

Ear-nose-and-throat: recurrent infections/allergies/ear problems Nose bleeds: Y N

Recurrent coughs/asthma/post-nasal drip

Skin: Pale: Y N

Easy bruising: Y N

Skin rashes: Y N

Skin sensitivity: Y N

Cold hands and feet: Y N

Nails: biting; nail features:

Abdomen: Stomach pain: Y N

Bloating: Y N

Flatulence: Y N

Burping: Y N

Reflux and vomiting: Y N

Stool: colour: brown/yellow/white/dark/black

Smell: unusually bad/within normal limits/yeasty/other:

Frequency: 3 or more times daily/once-twice daily/skips days/once weekly/problem

Consistency: watery/loose/sheep's dung/bulky

Stool abnormalities: undigested food/mucus/blood/parasites

Anal itching: Y N

SENSORY PROFILE

Sensitive to bright light: Y N

Sensitive to noises Y N

Exceptional hearing ability: Y N

Sensitive to odors Y N

Smells food before eating: Y N

Likes to hang upside down: Y N

Restless and moves around a lot: Y N

Loves hugs and deep pressure: Y N

Sensitive to touch Y N

Sensitive to fabrics Y N

Averse to having hair brushed or cut: Y N

Averse brushing teeth: Y N

Sensitive to food texture: Y N

BEHAVIOUR (please underline)

Cheerful/friendly/detached/alooof/cautious/fearless/destructive/dishonest/lazy/ rebellious/day-dreaming/ obstinate/caring/sensitive/spontaneous/shy/motivated

Socialisation: Friends: groups/singular/no/prefers own company

Siblings: rivalry/good

Behaviour: challenging/good/calm/overexcited/uncontrolled

Reaction to crowded places: anxious/overwhelmed/irritable/accepting

Reaction to change: averse/accepting/has to be negotiated

Appropriate play with toys: Y N

Obsessive actions or play: Y N

Obsessive compulsive rituals: Y N

Repetitive behaviours (flapping, etc.): Y N Details:

Head banging: Y N

Self-mutilisation: Y N

Moodswings: Y N

Irritability: Y N

Hyperactivity: Y N

Impulsiveness: Y N

Anxiety: Y N Details:

Fear:

Anger and tantrums: Y N

Aggressiveness: Y N

Hurts himself/mother/father/caregiver/tutor /other children/teacher/animals

SPEECH AND LANGUAGE

How is your child's ability to

- express needs: good/absent/needs attention
- follow instructions: good/absent/needs attention
- listen to stories: good/absent/needs attention
- word pronunciation: good/ needs attention
- sentence construction: 2 words/3 words/full sentences/needs attention
- engage spontaneously: good/absent/needs attention

Stammering Y N

ATTENTION AND CONCENTRATION

Inattentive: cannot focus/can focus for 15-20 minutes/can listen to stories/reads books

Distractible: noise/movement/anything/obsessive thoughts

Avoids tasks/needs reassurance/attention to detail/hurried/careless mistakes

Sensitive to criticism/reprimands: Y N

Perseverance: procrastination/overwhelmed/gives up easily/frustration tolerance low

Forgetful: Y N

THERAPY:

	Therapist	Duration	Response
Behavioral therapy:	-	-	-
Occupational therapy:	-	-	-
Physiotherapy:	-	-	-
Speech therapy:	-	-	-
Other:			

MEDICATION and SUPPLEMENTS:

	Duration	Response/Side-effects
Current:		
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
Previous:		
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-

FAMILY HISTORY

Allergies, asthma, diabetes, heart disease, high blood pressure, cholesterol, stroke, cancer, spastic colon, food sensitivities, mental disorders, substance dependency, epilepsy, auto-immune disease, thyroid problems, AD(H)D

	Age	Own health	Family history
Mother:	-	-	-
Father:	-	-	-
Siblings:			

Thank you!