Independent Educational Evaluators of America, LLC

CLIENT INTAKE FORM for ADULTS

Today's date:	Person Completing Form:

CLIENT INFORMATION

Last name	First	Middle	❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid

Email Contact Address: **Telephone Number: Home:** **Cell:**

Street Address	City	State and Zip Code	Client's Birth date / /	Age	Gender ❑ M ❑ F

College Student? YES NO	Major:	Credits Earned:	Minor:	GPA:

If YES, name of college currently attending:

OTHER INDIVIDUALS LIVING IN THE HOME

Name	Relationship to Client	Age	Grade

Referred by:

Other family members seen here:

EMPLOYMENT INFORMATION

EMPLOYER	POSITION	DATES EMPLOYED	REASON FOR LEAVING

MEDICAL HISTORY

Client Name:	Person Completing Form:
Please list all medical conditions from which you now or have suffered:	
Please list all medications you are currently taking:	

Adverse reactions to medicines?	YES	NO	If YES, please describe below:

Prior diagnosis of seizures/epilepsy	YES	NO	If YES, in connection with high fever?	YES	NO	Treatment history epilepsy:

Any Allergies?	YES	NO	If yes, allergic to what?

Prior diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or ADD?	YES	NO	If YES, describe treatment:

CLIENT EDUCATIONAL HISTORY

Client Name:	Person Completing Form:

Did you have any developmental delays requiring **early intervention**?	YES	NO	If YES, please describe below:

Did you require any of the following related services in school?			What services were provided and when?
Speech and/or Language Therapy	Yes	NO	
Occupational Therapy	Yes	NO	
Physical Therapy	Yes	NO	
Social Skills Training	Yes	NO	

List all Schools Attended	From	To	Grades	List any special education or remedial services provided

Is English your *second* language?	YES	NO	If YES, what is your first language?	

What language is spoken in your home?

List all **Private Services** Provided (for example, private tutoring, private OT or PT, private Speech/Language, test preparation courses, etc)

Service Provided	From	To	Grades

Favorite Subjects in School			
Worst Subjects in School			
Corrective lenses for vision?	YES	NO	Vision Therapy? If YES, please explain:
Hearing aides or FM system?	YES	NO	

Fax this form to (717) 560-9931) or Mail to 1555 Highlands Drive, Suite 103, Lititz, PA 17543