THERAPEUTIC APPROACH TO GROWTH

Screening Questionnaire

Personal Information

Name: _____ Date of Birth: _____

Parents (Optional):_____ _____
Address: _____

Phone Number(s): Home_____ Cell: _____ Work: _____

Email address: _____

Name and Age of Siblings: _____

Do siblings have a diagnosis? _____Yes _____No

If yes, please explain_____

Diagnosis:

_____

Diagnosed by: _____

Date of Diagnosis: _____ Age of Diagnosis: _____

Neurological status: Please share results of any prior neurological evaluations. Do you have any diagnosed neurological conditions?
Findings:

9466 Black Mountain Road, Suite 100 San Diego, CA 92126 | Office: 858.689.2027 | Fax: 858.689.2027 | www.tagforgrowth.com

Significant medical findings: Please share information you have about any medical problems. Tell us about any medications you take.
Findings:
Significant findings from prior evaluations: Please share any significant findings from prior psychological, speech and language, OT and educational evaluations and consultations.
Findings:
Eating problems: Do you have any eating issues including food sensitivities, digestive issues or food preferences?
Findings:

9466 Black Mountain Road, Suite 100 San Diego, CA 92126 | Office: 858.689.2027 | Fax: 858.689.2027 | www.tagforgrowth.com

Food allergies and intolerances: Do you have any food allergies? Are there foods that you cannot tolerate? Do you follow any specific types of diet?
Findings:
Disorders of sleep: What is your sleep pattern? Do you sleep all night? Do you have night terrors/nightmares?
Findings:
History of regression and/or loss in abilities or functioning: Have you lost or regressed in abilities? When did you notice this? What kind of losses did you observe? Do you have any explanations for this?
Findings:

9466 Black Mountain Road, Suite 100 San Diego, CA 92126 | Office: 858.689.2027 | Fax: 858.689.2027 | www.tagforgrowth.com

Activities of daily living: Please explain your comfort level with meal preparation, grocery shopping, housekeeping (i.e. laundry, cleaning house) and money management.
Energy level: How would you describe your energy level? Do you have low energy? Do you consider yourself hyperactive, do you feel that your energy level is just right or does it vary?
Findings:
Visual and auditory problems and evaluations: Please share the results of any visual and/or auditory evaluations. Have you noticed anything unusual with your hearing or sight? Do you get overwhelmed by sounds and/or visual input?
Findings:

9466 Black Mountain Road, Suite 100 San Diego, CA 92126 | Office: 858.689.2027 | Fax: 858.689.2027 | www.tagforgrowth.com

Attention: Are you able to pay attention to the task at hand, or does your mind wander and/or do you get easily distracted? Do you have difficulty in shifting attention? Do you become overly focused?
Findings:
Vocational: Do you have a job currently? Have you worked in the past and if what type of work have you done or doing now?
Findings:
Emotional regulation: Please tell us about any problems with anxiety, rage reactions, limited emotional expression, depression, or poor frustration tolerance.
Findings:

9466 Black Mountain Road, Suite 100 San Diego, CA 92126 | Office: 858.689.2027 | Fax: 858.689.2027 | www.tagforgrowth.com

Social Relationships: Please describe any challenges you have with social relationships.
Findings:

9466 Black Mountain Road, Suite 100 San Diego, CA 92126 | Office: 858.689.2027 | Fax: 858.689.2027 | www.tagforgrowth.com