SoonerStart Early Intervention Program
Intake Form

Section 1: General Intake Information

Child's Name:	Date of Birth:	
Date of Intake: Type of Interview: Phone ☐ Personal Visit ☐	RC completing intake:	
Source of Information:		
Private insurance: YES ☐ NO ☐ If yes, what:	Medicaid: YES ☐ NO ☐ If yes, verify # with parent:	
Family concerns for child:		SoonerStart Process Explained to Family: YES ☐ NO ☐
Does child attend childcare: YES ☐ NO☐ If yes, where?		
Who is the primary caregiver(s):		
Any concerns regarding the child's hearing? YES ☐ NO ☐	Date of last hearing test: Results or findings:	
Any concerns regarding the child's vision? YES ☐ NO ☐	Date of last vision exam: Results or findings:	

Section 2: Birth History and Medical Information

Where was the child born:	How much did the child weigh at birth:
Did the mother receive prenatal care during the pregnancy: YES ☐ NO ☐ UNKNOWN ☐	
Following birth, did the child receive an IV or oxygen prior to discharge: YES ☐ NO ☐ UNKNOWN ☐ If yes, how long:	
Were there any complications during delivery: YES☐ NO ☐ UNKNOWN ☐ If yes, briefly describe:	
Was this a multiple birth (twin, triplet or more): YES ☐ NO ☐ UNKNOWN ☐	Child's gestational age at birth:

Section 2: Birth History and Medical Information (continued)

Are the child's immunizations current: YES ☐ NO ☐ UNKNOWN ☐

Is the child currently taking any medications: YES ☐ NO ☐ UNKNOWN ☐	List medication(s) and purpose:

Child's primary care physician:	Address and phone number:

Is the child being seen by any physicians or specialists besides their PCP: YES ☐ NO ☐ UNKNOWN ☐
If yes, list by name including their area of specialty:

Does the child currently have an active diagnosis or medical condition: YES ☐ NO ☐ UNKNOWN ☐
If yes, list all:

Are there any precautions that the persons working with the child should be aware of: YES ☐ NO ☐
If yes, list all:

Section 3: Conclusion

Screening to be completed: YES ☐ NO ☐	If yes, scheduled for:
Evaluation to be completed: YES ☐ NO ☐	If yes, date of completion:

Additional notes/comments: