



74 Bridge Street
 Newton, Ma 02458
 Phone: 617-969-4410
 Fax: 617-969-4412
 Web: www.otathekoomarcenter.com

Intake Form Bike Lessons

Client's Name: _____ Birth Date: _____
 Age: _____ Gender: _____ Height: _____ Weight: _____
 Name of Parent or Guardian Initiating Intake: _____ Today's Date: _____
 Phone(s): H: _____ W: _____ C: _____ E-Mail: _____
 Address: _____
 Diagnosis: _____

*To assist us in understanding your child's abilities and needs,
 please complete the following form to the best of your ability.*

Has your child received previous OT/PT services? If so, what were the goals and progress of treatment?

Please provide information about your child's abilities in the following areas:

	Very challenging	Slightly challenging	Average abilities	Above average abilities	Comments
Ability with balance related tasks (i.e. skiing, negotiating uneven surfaces)					
Comfort with movement (i.e. swings, jumping off raised surfaces)					
Strength and postural control during gross motor activities					
Ability to coordinate both sides of their body (i.e. skipping, pumping a swing)					
Visual Skills (i.e. catching a ball, scanning environment)					
Ability to learn new motor tasks					

What is your child's current level of ability with a bicycle or other riding toys?

What type and size bicycle does your currently use? Do they use training wheels, a helmet, etc?

What is your child's response to bike riding - motivated, fearful, unsure, etc?

Is there any relevant history of bike riding with your child, family or peers?

Please share any other information about your child's abilities and needs that would be helpful for the therapist to be aware of prior to your child's bike lesson.

*Thank you for considering OTA The Koomar Center.
If you have any questions, please feel free to call us at (617) 969-4410*

FOR OFFICE USE ONLY

Client's Name:		
Date	Initials	Action Taken