

REI Therapy Program™ Adult Intake Form Cover Sheet

Please fax to: 505-466-6144 or mail to: REI Institute
55 Lime Kiln Rd.
Lamy, NM 87540

Date: _____

Provider Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ email: _____

Client Name: _____ Gender: M F D.O.B. _____

Client Diagnosis: _____ Date of diagnosis: _____

Client contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

email: _____ (required for proper follow-up)

Ship to (check one): Provider _____ Client contact: _____

Payment information: _____ Amount \$495.00

This all-inclusive fee consists of the intake process and all follow-up as well as the creation of the 2 initial CDs and any additional CDs we may need to make during the ten-week process in order to achieve the results you are looking for.

____ Enclosed is my check (payable to REI Institute).

____ Please charge my credit card (circle type): Mastercard Visa Discover AMEX

Card # _____ Expiration date: _____

Signature: _____ Name on card: _____

Please briefly describe the client for whom the REI Therapy Program will be made (personality and symptoms):

REI Therapy Program Questionnaire Part I - Adults (18 y/o and over)

Client's name: _____

Person completing form: _____ Relationship to client: _____

Please select a rating for each of the following questions. Refer to behavior for the past 3 months. For each item, decide whether the behavior is relevant and to what degree.

- 0= not relevant
- 1= slightly relevant
- 2= pretty relevant
- 3= very relevant

Don't think too hard about the answer -- your first reaction is usually the right one.

	not relevant	slightly relevant	pretty relevant	very relevant
1. Has trouble sitting still, restless, fidgety	0	1	2	3
2. Wakes frequently at night	0	1	2	3
3. Impulsive, acts without thinking	0	1	2	3
4. Avoids eye contact	0	1	2	3
5. Anxious	0	1	2	3
6. Slow to wake-up after sleep	0	1	2	3
7. Is easily distracted	0	1	2	3
8. Has trouble transitioning from one activity to another	0	1	2	3
9. Has trouble falling asleep	0	1	2	3
10. Resists physical contact	0	1	2	3
11. Repeats words or sounds	0	1	2	3
12. Irritable or whiny	0	1	2	3
13. Bothered by certain sounds	0	1	2	3
14. Repetitive body movements	0	1	2	3
15. Physically hurts self	0	1	2	3
16. Has trouble staying on task	0	1	2	3

17. Shakes or flaps hands or arms	0	1	2	3
18. Boisterous	0	1	2	3
19. Bullies others	0	1	2	3
20. Has poor appetite, doesn't want to eat	0	1	2	3
21. Headaches	0	1	2	3
22. Rocks body repeatedly	0	1	2	3
23. Mood changes often	0	1	2	3
24. Seems unhappy most of time	0	1	2	3
25. Disrupts others	0	1	2	3
26. Worries excessively	0	1	2	3
27. Ignores instructions	0	1	2	3
28. Has odd behaviors	0	1	2	3
29. Doesn't finish things	0	1	2	3
30. Has to have own way	0	1	2	3
31. Becomes frustrated easily	0	1	2	3
32. Eats excessively or would like to	0	1	2	3
33. Often has stomach aches	0	1	2	3
34. Afraid of new things, places or people	0	1	2	3
35. Chews or sucks on things	0	1	2	3
36. Controlling, needs to run things	0	1	2	3
37. Eats limited diet, only likes certain foods	0	1	2	3
38. Inactive, listless	0	1	2	3
39. Hard to reach, preoccupied	0	1	2	3
40. Seeks isolation	0	1	2	3
41. Communicates only through gestures	0	1	2	3
42. Moves around aimlessly	0	1	2	3
43. Doesn't get along well with others	0	1	2	3
44. Bothered by clothes against skin	0	1	2	3
45. Seizures (past or present – please include explanation on page 8)	0	1	2	3
46. Clumsy, uncoordinated	0	1	2	3

47. Doesn't follow rules	0	1	2	3
48. Forgets things	0	1	2	3
49. Has trouble finding the right words to say even though he knows them	0	1	2	3
50. Moody	0	1	2	3
51. Picks at self or clothing	0	1	2	3
52. Stares into space, seems in own world	0	1	2	3
53. Physically abusive toward others	0	1	2	3
54. Hears things others don't	0	1	2	3
55. Poor spelling	0	1	2	3
56. Interrupts conversations	0	1	2	3
57. Has trouble hearing in noisy environments	0	1	2	3
58. Misunderstands often	0	1	2	3
59. Has trouble beginning activity	0	1	2	3
60. Has difficulty stopping an activity	0	1	2	3
61. Gets lost in conversations/responds inappropriately	0	1	2	3
62. Has recurring obsessive thoughts	0	1	2	3
63. Has uncontrollable body movements	0	1	2	3
64. Is often verbally abusive	0	1	2	3
65. Lacks motivation	0	1	2	3
66. Craves pressure against body	0	1	2	3
67. Easily overwhelmed by noisy environments	0	1	2	3
68. Easily startled	0	1	2	3
69. Easily bored	0	1	2	3
70. Quick temper/easily angered	0	1	2	3
71. Has fear or panics for no observable reason	0	1	2	3
72. Very sensitive to other's feelings	0	1	2	3
73. Sees things others don't (shadows, colors, objects moving)	0	1	2	3
74. Has poor balance	0	1	2	3
75. Sleeps too much (or would like to if given the chance)	0	1	2	3

the chance)				
76. Has feelings of hopelessness, helplessness, negativity	0	1	2	3
78. Fixates on thought, activity or object	0	1	2	3
79. Confuses similar sounding words	0	1	2	3
80. Talks loudly	0	1	2	3
81. Low self-esteem	0	1	2	3
82. Has difficulty telling which direction a sound came from	0	1	2	3
83. Uncontrollable vocalizations	0	1	2	3
84. Verbally abusive toward others	0	1	2	3
85. Difficulty understanding abstract ideas	0	1	2	3
86. Poor penmanship	0	1	2	3
87. Has trouble with time (always late, etc.)	0	1	2	3
88. Procrastinates	0	1	2	3
89. Engages in ritualistic behaviors (needs to things a certain way all the time)	0	1	2	3
90. Often misinterprets others' comments (takes things the wrong way)	0	1	2	3
91. Has negative outlook on life	0	1	2	3
92. Abuses alcohol or drugs	0	1	2	3
93. Often has ringing in ears	0	1	2	3
94. Feels the world is against him/her	0	1	2	3
95. Recoils to touch (tactically defensive)	0	1	2	3
96. Makes the same mistakes repeatedly/ doesn't seem to learn from mistakes	0	1	2	3
97. Doesn't seem to know where he/she is in space / bumps into things and people frequently	0	1	2	3
98. Has difficulty making decisions	0	1	2	3
99. Has thoughts of harming self (including suicide)	0	1	2	3
100. Has trouble grasping the "big picture"	0	1	2	3
102. Is argumentative/oppositional	0	1	2	3
103. Is disorganized	0	1	2	3
104. Often loses things	0	1	2	3

105. Often seems tired, sluggish, slow moving	0	1	2	3
106. Has repeated negative thoughts	0	1	2	3
107. Has periods of confusion	0	1	2	3
108. Lacks ability to see options	0	1	2	3
109. Has extreme cyclic changes in mood (very high to very low)	0	1	2	3
110. Has trouble making changes in action/ gets locked into action and can't change course	0	1	2	3
111. Frequently experiences déjà vu (feelings of experiencing the same thing before when he/she never has)	0	1	2	3
112. Paranoid / feels as though others are out to get him/her	0	1	2	3
113. Dislikes change	0	1	2	3
114. Talks very fast	0	1	2	3
115. Occasionally hears voices in head	0	1	2	3
116. History of head injury	0	1	2	3
117. History of brain damage	0	1	2	3
118. Often displays grandiose thinking	0	1	2	3
119. Has trouble following through (on ideas, tasks, goals)	0	1	2	3
120. Fearful of specific things (snakes, spiders, heights, people)	0	1	2	3
121. Experiences frequent changes in sleep patterns	0	1	2	3
122. Has thoughts of hurting others	0	1	2	3
123. Holds grudges	0	1	2	3
124. Lacks empathy/ has trouble understanding others feelings	0	1	2	3
125. Has difficulty planning (tasks, activities, making goals)	0	1	2	3
126. Thinks in terms of "black and white" has trouble seeing nuances in situations	0	1	2	3
127. Has difficulty understanding/identifying own feelings	0	1	2	3
128. Bothered by/sensitive to lights	0	1	2	3
129. Trouble with the law	0	1	2	3
130. Lies or exaggerates for no apparent reason	0	1	2	3

131. Has/had eating disorder	0	1	2	3
132. Feels thoughts are fast - experiences many thoughts at same time	0	1	2	3

REI Program Questionnaire Part II – People 18 and over

Client's name: _____

Person completing form: _____ Relationship to client: _____

Is he or she currently taking any medications? If so, please list names and dosages.

If he/she has ever had a seizure, please explain the type and frequency of them and whether they are currently being controlled and how (medications, for example).

Have you ever seen a regression in language ability?

What is his/her current level of language development?

If he/she is sensitive to sounds, what are they?

What are the major challenges you face right now (include up to 4)?

What are your expectations for this therapy?