

**REI Therapy Program™ Child 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: \_\_\_\_\_

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**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 - Children through age 11

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. Injures self	0	1	2	3
3. Wakes frequently at night	0	1	2	3
4. Impulsive, acts without thinking	0	1	2	3
5. Aggressive to others	0	1	2	3
6. Has trouble understanding verbal instructions	0	1	2	3
7. Avoids eye contact	0	1	2	3
8. Anxious	0	1	2	3
9. Non-verbal, doesn't talk	0	1	2	3
10. Slow to wake-up after sleep	0	1	2	3
11. Prefers to watch others rather than participate	0	1	2	3
12. Is easily distracted	0	1	2	3
13. Has trouble transitioning from one activity to another	0	1	2	3
14. Has trouble falling asleep	0	1	2	3
15. Resists physical contact	0	1	2	3
16. Lacks facial expressions	0	1	2	3

17. Repeats words or sounds	0	1	2	3
18. Irritable or whiny	0	1	2	3
19. Bothered by certain sounds	0	1	2	3
20. Repetitive body movements	0	1	2	3
21. Excessively active (running, jumping)	0	1	2	3
22. Shows no interest in others	0	1	2	3
23. Can't communicate wants or needs	0	1	2	3
24. Verbal skills below age level	0	1	2	3
25. Has trouble staying on task	0	1	2	3
26. Shakes or flaps hands or arms	0	1	2	3
27. Talks (vocalizes) to self	0	1	2	3
28. Unresponsive when spoken to	0	1	2	3
29. Throws tantrums	0	1	2	3
30. Excessive talk or vocalizations	0	1	2	3
31. Boisterous	0	1	2	3
32. Bullies others	0	1	2	3
33. Has poor appetite, doesn't want to eat	0	1	2	3
34. Headaches	0	1	2	3
35. Rocks body repeatedly	0	1	2	3
36. Cries easily	0	1	2	3
37. Mood changes often	0	1	2	3
38. Seems unhappy most of time	0	1	2	3
39. Disrupts others	0	1	2	3
40. Worries excessively	0	1	2	3
41. Plays with toys inappropriately	0	1	2	3
42. Doesn't follow instructions	0	1	2	3
43. Has odd behaviors	0	1	2	3
44. Doesn't finish things	0	1	2	3
45. Has to have own way	0	1	2	3

46. Becomes frustrated easily	0	1	2	3
47. Eats excessively or would like to	0	1	2	3
48. screams for seemingly no reason	0	1	2	3
49. Often has stomach aches	0	1	2	3
50. Afraid of new things, places or people	0	1	2	3
51. Chews or sucks on things	0	1	2	3
52. Controlling, needs to run things	0	1	2	3
53. Eats limited diet, only likes certain foods	0	1	2	3
54. Inactive, listless	0	1	2	3
55. Wants to interact with others but doesn't know how	0	1	2	3
56. Hard to reach, preoccupied	0	1	2	3
57. Seeks isolation	0	1	2	3
58. Communicates only through gestures	0	1	2	3
59. Moves around aimlessly	0	1	2	3
60. Disobedient	0	1	2	3
61. Doesn't get along well with others	0	1	2	3
62. Prefers the company of adults	0	1	2	3
63. Doesn't communicate wants or needs	0	1	2	3
64. Bothered by clothes against skin	0	1	2	3
65. Seizures	0	1	2	3
66. Clumsy, uncoordinated	0	1	2	3
67. Doesn't follow rules	0	1	2	3
68. Forgets things	0	1	2	3
69. Has trouble finding the right words to say even though he knows them	0	1	2	3
70. Moody	0	1	2	3
71. Picks at self or clothing	0	1	2	3
72. Stares into space, seems in own world	0	1	2	3
73. Hits or scratches others	0	1	2	3
74. Covers ears	0	1	2	3

75. Hears things others don't	0	1	2	3
76. Has trouble beginning activity	0	1	2	3
77. Has difficulty stopping an activity	0	1	2	3
78. Regressed in language ability	0	1	2	3
79. Has uncontrollable body movements	0	1	2	3
80. Craves pressure against body	0	1	2	3
81. Easily overwhelmed by noisy environments	0	1	2	3
82. Easily startled	0	1	2	3
83. Has/had frequent ear infections	0	1	2	3
84. Has poor balance	0	1	2	3
85. Dyslexic	0	1	2	3
86. Talks loudly	0	1	2	3
87. Low self-esteem	0	1	2	3
88. Has difficulty remembering the sequence of things (time, activities)	0	1	2	3
89. Has difficulty telling which direction a sound came from	0	1	2	3
90. Uncontrollable vocalizations	0	1	2	3
91. Recoils to touch (tactically defensive)	0	1	2	3
92. Makes the same mistakes repeatedly/ doesn't seem to learn from mistakes	0	1	2	3
93. Doesn't seem to know where he/she is in space / bumps into things and people frequently	0	1	2	3
94. Is argumentative/oppositional	0	1	2	3
95. Often seems tired, sluggish, slow moving	0	1	2	3
96. Lacks ability to see options	0	1	2	3
97. Has extreme cyclic changes in mood (very high to very low)	0	1	2	3
98. History of head injury	0	1	2	3
99. History of brain damage	0	1	2	3
100. Experiences frequent changes in sleep patterns	0	1	2	3
101. Holds grudges	0	1	2	3

102. Lacks empathy/ has trouble understanding others feelings	0	1	2	3
103. Bothered by/sensitive to lights	0	1	2	3

**REI Program Questionnaire Part II – Children through age 11**

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?