

**REI Therapy Program™ Teen 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 ages 12 to 17

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. Aggressive to others	0	1	2	3
5. Has trouble understanding verbal instructions	0	1	2	3
6. Anxious	0	1	2	3
7. Slow to wake-up after sleep	0	1	2	3
8. Is easily distracted	0	1	2	3
9. Has trouble transitioning from one activity to another	0	1	2	3
10. Has trouble falling asleep	0	1	2	3
11. Resists physical contact	0	1	2	3
12. Lacks facial expressions	0	1	2	3
13. Irritable or whiny	0	1	2	3
14. Bothered by certain sounds	0	1	2	3
15. Repetitive body movements	0	1	2	3
16. Physically injures self	0	1	2	3

17. Verbal skills below age level	0	1	2	3
18. Has trouble staying on task	0	1	2	3
19. Unresponsive when spoken to	0	1	2	3
20. Excessive talk or vocalizations	0	1	2	3
21. Boisterous	0	1	2	3
22. Bullies others	0	1	2	3
23. Has poor appetite, doesn't want to eat	0	1	2	3
24. Headaches	0	1	2	3
25. Rocks body repeatedly	0	1	2	3
26. Cries easily	0	1	2	3
27. Mood changes often	0	1	2	3
28. Seems unhappy most of time	0	1	2	3
29. Disrupts others	0	1	2	3
30. Worries excessively	0	1	2	3
31. Doesn't follow instructions	0	1	2	3
32. Has odd behaviors	0	1	2	3
33. Doesn't finish things	0	1	2	3
34. Has to have own way	0	1	2	3
35. Becomes frustrated easily	0	1	2	3
36. Eats excessively or would like to	0	1	2	3
37. Often has stomach aches	0	1	2	3
38. Afraid of new things, places or people	0	1	2	3
39. Chews or sucks on things	0	1	2	3
40. Controlling, needs to run things	0	1	2	3
41. Inactive, listless	0	1	2	3
42. Hard to reach, preoccupied	0	1	2	3
43. Seeks isolation	0	1	2	3
44. Moves around aimlessly	0	1	2	3
45. Disobedient	0	1	2	3
46. Doesn't get along well with others	0	1	2	3

47. Seizures (past or present – please include explanation on page 8)	0	1	2	3
48. Clumsy, uncoordinated	0	1	2	3
49. Doesn't follow rules	0	1	2	3
50. Forgets things	0	1	2	3
51. Has trouble finding the right words to say even though he knows them	0	1	2	3
52. Moody	0	1	2	3
53. Picks at self or clothing	0	1	2	3
54. Stares into space, seems in own world	0	1	2	3
55. Covers ears	0	1	2	3
56. Hears things others don't	0	1	2	3
57. Poor spelling	0	1	2	3
58. Interrupts conversations	0	1	2	3
59. Has trouble hearing in noisy environments	0	1	2	3
60. Misunderstands often	0	1	2	3
61. Has trouble beginning activity	0	1	2	3
62. Has difficulty stopping an activity	0	1	2	3
63. Gets lost in conversations/responds inappropriately	0	1	2	3
64. Regressed in language ability as a young child	0	1	2	3
65. Has recurring obsessive thoughts	0	1	2	3
66. Has uncontrollable body movements	0	1	2	3
67. Lacks motivation	0	1	2	3
68. Craves pressure against body	0	1	2	3
69. Easily overwhelmed by noisy environments	0	1	2	3
70. Easily startled	0	1	2	3
71. Had frequent ear infections as a child	0	1	2	3
72. Makes careless mistakes	0	1	2	3
73. Easily bored	0	1	2	3
74. Quick temper/easily angered	0	1	2	3
75. Has fear or panics for no observable reason	0	1	2	3

reason				
76. Very sensitive to other's feelings	0	1	2	3
77. Sees things others don't (shadows, colors, objects moving)	0	1	2	3
78. Has poor balance	0	1	2	3
79. Sleeps too much (or would like to if given the chance)	0	1	2	3
80. Has feelings of hopelessness, helplessness, negativity	0	1	2	3
81. Fixates on thought, activity or object	0	1	2	3
82. Confuses similar sounding words	0	1	2	3
83. Talks loudly	0	1	2	3
84. Low self-esteem	0	1	2	3
85. Has difficulty telling which direction a sound came from	0	1	2	3
86. Uncontrollable vocalizations	0	1	2	3
87. Difficulty understanding abstract ideas	0	1	2	3
88. Poor penmanship	0	1	2	3
89. Has trouble with time (always late, etc.)	0	1	2	3
90. Procrastinates	0	1	2	3
91. Engages in ritualistic behaviors (needs to things a certain way all the time)	0	1	2	3
92. Often misinterprets others' comments (takes things the wrong way)	0	1	2	3
93. Has negative outlook on life	0	1	2	3
94. Abuses alcohol or drugs	0	1	2	3
95. Often has ringing in ears	0	1	2	3
96. Feels the world is against him/her	0	1	2	3
97. Recoils to touch (tactically defensive)	0	1	2	3
98. Makes the same mistakes repeatedly/ doesn't seem to learn from mistakes	0	1	2	3
99. Doesn't seem to know where he/she is in space / bumps into things and people frequently	0	1	2	3
100. Has difficulty making decisions	0	1	2	3
101. Has thoughts of harming self (including suicide)	0	1	2	3

102. Has trouble grasping the “big picture”	0	1	2	3
103. Is argumentative/oppositional	0	1	2	3
104. Is disorganized	0	1	2	3
105. Often loses things	0	1	2	3
106. Often seems tired, sluggish, slow moving	0	1	2	3
107. Has repeated negative thoughts	0	1	2	3
108. Has periods of confusion	0	1	2	3
109. Lacks ability to see options	0	1	2	3
110. Has extreme cyclic changes in mood (very high to very low)	0	1	2	3
111. Has trouble making changes in action/ gets locked into action and can’t change course	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. Cruel toward animals/ has injured/killed animals for no apparent reason	0	1	2	3
116. History of head injury	0	1	2	3
117. History of brain damage	0	1	2	3
118. Has trouble following through (on ideas, tasks, goals)	0	1	2	3
119. Fearful of specific things (snakes, spiders, heights, people)	0	1	2	3
120. Experiences frequent changes in sleep patterns	0	1	2	3
121. Has thoughts of hurting others	0	1	2	3
122. Holds grudges	0	1	2	3
123. Lacks empathy/ has trouble understanding others feelings	0	1	2	3
124. Has difficulty planning (tasks, activities, making goals)	0	1	2	3
125. Has difficulty understanding/identifying own feelings	0	1	2	3
126. Bothered by/sensitive to lights	0	1	2	3
127. Trouble with the law	0	1	2	3
128. Lies or exaggerates for no apparent reason	0	1	2	3

129. Has eating disorder	0	1	2	3
130. Feels thoughts are fast - experiences many thoughts at same time	0	1	2	3

**REI Program Questionnaire Part II – Children ages 12 to 17**

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?

