

**REI Custom Program™ Intake – Children ages 1- 3 years**

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 Custom Program will be made (personality and symptoms):

## REI Custom Program Questionnaire Part I – Children ages 1- 3 years

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/applicable
- 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. Injures self	0	1	2	3
2. Wakes frequently at night	0	1	2	3
3. Aggressive to others	0	1	2	3
4. Has trouble understanding verbal instructions	0	1	2	3
5. Avoids eye contact	0	1	2	3
6. Slow to wake-up after sleep	0	1	2	3
7. Prefers to watch others rather than participate	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. Repeats words or sounds inappropriate to age	0	1	2	3
14. Irritable or whiny	0	1	2	3
15. Bothered by certain sounds	0	1	2	3
26. Repetitive body movements	0	1	2	3
17. Excessively active (running, jumping)	0	1	2	3
18. Shows no interest in others	0	1	2	3

19. Can't communicate wants or needs	0	1	2	3
20. Verbal skills below age level	0	1	2	3
21. Has trouble focusing at age level	0	1	2	3
22. Shakes or flaps hands or arms	0	1	2	3
23. Unresponsive when spoken to	0	1	2	3
24. Throws tantrums excessive for age	0	1	2	3
25. Excessive vocalizations	0	1	2	3
26. Has poor appetite, doesn't want to eat	0	1	2	3
27. Rocks body repeatedly/ Seeks/calms by rocking	0	1	2	3
28. Cries easily	0	1	2	3
29. Mood changes often	0	1	2	3
30. Seems unhappy most of time	0	1	2	3
31. Plays with toys inappropriately	0	1	2	3
32. Has odd behaviors	0	1	2	3
33. Becomes frustrated easily	0	1	2	3
34. Screams for seemingly no reason	0	1	2	3
35. Afraid of new things, places or people	0	1	2	3
36. Chews or sucks on things	0	1	2	3
37. Eats limited diet, only likes certain foods	0	1	2	3
38. Inactive, listless	0	1	2	3
40. Hard to reach, preoccupied	0	1	2	3
41. Seeks isolation	0	1	2	3
42. Moves around aimlessly	0	1	2	3
43. Disobedient	0	1	2	3
44. Prefers the company of adults	0	1	2	3
45. Doesn't communicate wants or needs	0	1	2	3
46. Bothered by clothes against skin	0	1	2	3
47. Seizures	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. Seems "uncomfortable in own skin"	0	1	2	3
52. Picks at self or clothing	0	1	2	3
53. Stares into space, seems in own world	0	1	2	3
54. Hits or scratches others	0	1	2	3
55. Covers ears	0	1	2	3
56. Regressed in language ability	0	1	2	3
57. Has uncontrollable body movements	0	1	2	3
58. Craves pressure against body	0	1	2	3
59. Easily overwhelmed by noisy environments	0	1	2	3
60. Easily startled	0	1	2	3
61. Has/had frequent ear infections	0	1	2	3
62. Has poor balance	0	1	2	3
63. Low self-esteem	0	1	2	3
64. Traumatic birth experience	0	1	2	3
65. Has difficulty telling which direction a sound came from	0	1	2	3
66. Uncontrollable vocalizations	0	1	2	3
67. Recoils to touch (tactically defensive)	0	1	2	3
68. Bumps into things and people frequently	0	1	2	3
69. Often seems tired, sluggish, slow moving	0	1	2	3
70. Fetal Alcohol Syndrome	0	1	2	3
70. History of head injury	0	1	2	3
71. History of brain damage	0	1	2	3
72. Born prematurely	0	1	2	3
73. Experiences frequent changes in sleep patterns	0	1	2	3
74. Bothered by/sensitive to lights	0	1	2	3
75. Adopted	0	1	2	3

**REI Program Questionnaire Part II – Children ages 1- 3 years**

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?

Did he/she have a traumatic birth experience?

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