

Parent Questionnaire - Your child's abilities, interests and needs.

Please note: this questionnaire has been developed to get a better understanding of your child. We read all the information provided, it helps us appreciate the whole child and determine where the Occupational Therapy programme should start. Please answer as many of the questions as possible. When you come in for your appointment you will need to bring the following:

1. If you are seeking treatment under any Medicare plans please bring a referral letter from your GP or Paediatrician.
2. The completed questionnaire.
3. Any previous assessment reports from other professionals (medical, speech, occupational therapy, etc)
4. Recent school report
5. Sample of handwriting

Your child's name _____ Date of Birth _____

Mothers name _____

Mobile _____

Email _____

Works at _____

Fathers name _____

Mobile _____

Email _____

Works at _____

Siblings names, ages, any developmental difficulties

Relevant birth and baby history

Medical history, including tests, diagnosis as applicable

Has hearing been tested and if so, what was the outcome?

Has vision been tested and if so, what was the outcome?

Name of childcare / school and phone number

Name of teacher and email

Does your child receive additional support, please describe

What are your child's talents and interests?

How does your child manage eating, drinking and mealtimes?

How does your child manage dressing, undressing, bathing, toileting?

In what ways does your child help around home?

How does your child manage friendships and social situations?

Describe your child's planning and organisational skills

How does your child perform gross motor activities, games and sports?

How does your child perform fine motor play, construction, art and craft?

How does your child perform drawing, pre writing and writing activities?

What are the main concerns you have for your child at this time?

Please provide the name and contact details for your child's team members

Speech Pathologist	_____	_____
Psychologist	_____	_____
Paediatrician	_____	_____
Other	_____	_____

Please provide me with any other relevant information.

You are very welcome to include drawing or writing samples.

Thank you for providing me with this valuable background information.

How did you hear about **Occupational Therapy Helping Children**?

If you were referred:

Referred by: _____ Profession: _____

Address: _____

OTHC has my permission to send a thank you letter to my referral source indicating my child has been for an evaluation.

Parent or Guardian: _____ Date: _____

Please return this document to hello@occupationaltherapy.com.au