

We would appreciate it if you could provide us with some information about your child.

Date: \_\_\_\_\_

Please Indicate which of our services best suit your child: \_\_\_\_\_

(Occupational Therapy, Physiotherapy, Social Work, Counselling)

## General Information

Childs name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents Names \_\_\_\_\_

Home address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Other contact number \_\_\_\_\_

E-mail address \_\_\_\_\_

Funding Type \_\_\_\_\_

NDIS Number \_\_\_\_\_

Brothers/Sisters (include ages) \_\_\_\_\_

List persons living at home \_\_\_\_\_

Are there any cultural or linguistic needs you would like IKOT to be aware of? \_\_\_\_\_

What are the issues you are most concerned about? e.g:

Sensory issues

Sleeping

Hand writing

Eating

General development

Planning/Organisation

Attention

Social skills/play

Toileting

Fine motor skills

Anxiety

Co-ordination

Other: \_\_\_\_\_

Does your child have a diagnosis:

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## **Educational History**

What childcare/preschool/school does your child attend (please include address)?

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What grade is your child in? \_\_\_\_\_

What is your child's teachers name? \_\_\_\_\_

Does your child receive any special assistance? \_\_\_\_\_

Are there any areas where your child is having difficulties in school? \_\_\_\_\_

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## **Developmental History**

Were there any complications during pregnancy? If so what were they?

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Were there any complications at or after birth? If so what were they?

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Did you child generally reach the following developmental milestones at the appropriate age? E.g. sitting, crawling, walking, toilet training

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How would you describe your child's speech and language development? Were there any problems?

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Is speech easy to understand, or difficult to understand? \_\_\_\_\_

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## Medical history

Has your child had any serious illnesses/injuries/surgery? Please describe

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Has your child ever had any convulsions or seizures?

Is your child on any medication? If so, what type of medication and for what reason?

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Has your child had their hearing tested? What were the results?

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Has your child had their vision tested? What were the results?

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Has your child ever been assessed or seen by:

Occupational Therapist: (name ) \_\_\_\_\_

Speech Pathologist: (name) \_\_\_\_\_

Physiotherapist: (name) \_\_\_\_\_

Psychologist: (name) \_\_\_\_\_

Orthoptist: (name) \_\_\_\_\_

Others: (name) \_\_\_\_\_

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Thank you for your help.

Independent Kids Occupational Therapy.

### Permissions and consent form

This form is to get your permission for a variety of processes that occur at Independent Kids – Occupational Therapy. We need consent from you to share information with others. This is a legal requirement under the Privacy Act of 1988. We cannot disclose or share information with others unless you agree

Please complete the following form by ticking the appropriate box and signing at the bottom of the form. If you have any questions just require clarification of any items, please consult your therapist prior to signing the form.

Do you agree to the following	YES	NO
Allow us to keep a file on site which will be kept secure at all times.		
That you are responsible for paying a fee according to the fee schedule.		
That in the event of the Government Grant or Funding(s) being exhausted, you are liable and responsible for all accounts as per the attached fee schedule		
Allow us to photograph and videotape your child for assessment and ongoing treatment purposes		

### Do you agree to us sharing information with others

Other services such as St Giles, ECIS, Therapy In Schools Program (please circle which one)		
Another allied health person such as occupational therapist, psychologist, speech therapist (please name)		
Your doctor or paediatrician (please name)		
Your school/child care ie. teacher, child carer, support teacher (please name)		
Family member i.e. other parent, foster parent (please name)		

Is there anyone who you do NOT want us to share information with? If YES, please give details		
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**Child's name:**

.....**DOB**.....

Signature: \_\_\_\_\_ Date: \_\_\_\_\_