

GETTING TO KNOW YOUR BABY/TODDLER (0-18 MONTHS)

Please fill out this form and bring it to your appointment. We can help you fill it out at the appointment if needed.

Date:	
Your name: (Must be the legal guardian)	
YOUR CHILD	
Full name:	
Date of Birth:	
Things my baby is good at / likes doing:	
What are your concerns about your baby?	
FAMILY	
Parent/Carer 1:	
Parent/Carer 2:	
Who lives at home? (include all brothers, sisters and other family members and their age)	Name: Age:
Are there any guardianship, custody or access arrangements involving your baby? If yes, please explain.	



Has your family experienced any stressful events? If yes, please explain.	
Has anyone in your family had speech, language or learning problems? If yes, please explain.	
What languages do you speak at home?	
OTHER IMPORTANT PEOPLE	
Name of Childcare:	
Name of Paediatrician / Specialist (if relevant):	
Other:	
HEALTH	
Were there any difficulties with your pregnancy or your baby's birth? If yes, please explain.	
What was your baby's birth weight?	
Has your baby had any illnesses, accidents or operations?	
Does your baby have any allergies?	
Hearing tests	Where: _____ When: _____ Result: _____
Has your baby been to the dentist?	
EATING AND NUTRITION	
Do you have any concerns about your baby's weight/growth?	



Is your baby a good feeder? (Breast, bottle, solids)	
Does your baby feed himself/herself with finger food or a spoon?	
EARLY DEVELOPMENT (0-6 MONTHS)	
Does your baby look at you and follow your movements?	
Does your baby respond to familiar people and voices?	
Does your baby hold onto toys?	
Does your baby enjoy tummy time - For how long? - How many times each day?	
SPEECH AND LANGUAGE DEVELOPMENT	
Does your baby make sounds often? Does your baby copy sounds or words that you make?	
Does your baby say any words? (e.g. "Dadda" for Dad, "Mumma" for Mum)	
Does your baby look at you when you say his/her name?	
Does your baby give you a toy / food when you ask for it?	
Does your baby clap, wave or point?	
BEHAVIOUR AND ROUTINE	
Do you have any concerns about your baby's behaviour? (Does your baby settle easily, does your baby happily go to other people?)	



Tell us about your baby's sleeping habits (e.g. Times of sleep, settling to sleep, waking through the night)	
Does your baby have any strong or unusual reactions to noise, taste, touch, movement?	
PLAY AND SOCIAL SKILLS	
Does your baby like to play games like Peek-a-boo?	
What does your baby like to play with?	
Does your baby put a toy phone to their ear, or push a car along?	
MOTOR SKILLS	
Do you have any concerns about your baby's posture (head, spine, arms, legs and feet)?	
Does your baby roll - back to tummy? - tummy to back? - over both right and left sides?	
Does your baby move on tummy to get to toys? (e.g. pivot to the side, get onto hands and knees)	
Does your baby like to stand with your support?	
Does your baby sit - with support? - alone when placed in a sitting position?	
Does your baby move independently from - Lying to sitting? - Lying to crawling position? - Crawling to standing with support? - Squatting to standing alone?	



Does your baby - Commando crawl or crawl on all fours? - Walk around holding onto furniture or your hands? - Walk while pushing a trolley? - Walk independently?	
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OTHER COMMENTS OR THINGS YOU WANT US TO KNOW:

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FOR OFFICE USE ONLY

Date received:

Record No:

