

GETTING TO KNOW YOUR CHILD

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 child is good at / likes doing:	
What are your concerns about your child?	
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 child? If yes, please explain.	



EATING AND NUTRITION

Do you have any concerns about your child's weight/growth?

Does your child eat the same food as the rest of the family? If not, how is this different?

Does your child feed himself/ herself with a fork/ spoon/ knife?

SPEECH AND LANGUAGE DEVELOPMENT

Does your child understand/ follow instructions (with/without pointing)?

How does your child communicate? (e.g. Pointing, noises, using one word, using sentences)

Is your child's speech easy to understand?

EVERYDAY SKILLS

Does your child dress himself/herself?

Tell us about your child's sleeping habits? (e.g. Time, getting to sleep/ waking during the night)

Is your child toilet trained?



PLAY AND SOCIAL SKILLS

What does your child like to play with?

How well does your child play with others?

Does your child like to draw?

Does your child use scissors?

Does your child like messy play? (e.g. Playdough, pasting, dirt/ mud)

ATTENTION AND LISTENING

Tell us about your child's attention and listening skills (e.g. Sitting still, finishing activities)

MOTOR SKILLS

Do you have any concerns about your child's walking (toe walker, pigeon toed, frequent tripping/falling over?)

Do you have any concerns about your child's other motor skills? e.g. running, jumping, hopping, climbing, ball skills (including throwing, catching, kicking) bike riding

Do you have any concerns about your child's posture (head, spine, arms, legs and feet)?

Does your child often complain of pain?



Do you have any concerns about your child's balance and coordination skills?	
BEHAVIOUR	
Do you have any concerns about your child's behaviour?	
Does your child play safely without supervision?	
How independent is your child? (e.g. Separates easily from parents, tries new things)	
Does your child have any strong or unusual reactions to noise, taste, touch, movement?	
OTHER COMMENTS OR THINGS YOU WANT US TO KNOW:	

FOR OFFICE USE ONLY	
Date received:	Record No:

