

Patient Background Questionnaire Child
Please complete and bring with you to your appointment

Personal Information	
Name of child	
Address	
Parent/Guardian	1. 2.
Parent contact details	<u>Parent 1</u> Phone: Email: <u>Parent 2</u> Phone: Email:
Reason for referral	
Please outline the reason that you would like your child to be seen. Do you have a question that you would like answered?	
School and academic	
School and Grade/Year Level achieved	
Enrolled in courses	
Please describe your child's learning ability	
Have any concerns been raised regarding your child's learning, behaviour or social skills?	Y / N
Has your child skipped/repeated any classes? If yes, please outline.	Y / N
Has your child ever received learning intervention? If yes, please outline.	Y / N

Has anyone in the immediate or extended family experienced learning difficulties? If yes, please outline.	Y / N
Approximately how many close friends does your child have?	
Developmental and medical background	
Please outline medical history, including all medication.	
What changes have you noticed in your child since their illness/diagnosis?	
Since their illness/diagnosis, have you noticed changes to the following? Please describe.	<ul style="list-style-type: none"> - Attention concentration Y / N - Organisation Y / N - Memory Y / N - Language Y / N - Problem Solving Y / N - Mood Y / N - Fatigue levels Y / N - Sleep Y / N
Were there any complications during pregnancy and/or labour	Y / N
Please briefly describe your child as an infant	
Please briefly describe your child as a toddler/preschooler	
Please briefly describe your child at a teenager	
Please describe your child now, including personality and mood	

Approximately, what age did your child	<ul style="list-style-type: none"> - Use single words - Combine 2-3 words - Crawl - Walk - Run with coordination - Toilet train
Has your child had previous involvement from a psychologist or other allied health professionals (i.e. speech pathology, occupational therapy)? If yes, please outline and provide any available reports.	
Social background	
Please list siblings and ages	
Are siblings typically developing?	Y/ N
Who lives at home with your child?	
What activities does your child enjoy?	
Does anyone in the immediate or extended family have mental health difficulties?	
	<p><i>Mother</i></p> <p>Highest level of education:</p> <p>Occupation:</p> <p><i>Father</i></p> <p>Highest level of education:</p> <p>Occupation:</p>
Is there anything else that you would like to tell us about your child or family?	