



Questionnaire for Parents Dr Mick O'Keeffe

Your Child's Name

Preschool / Daycare / Kindergarten

How long has he/she been there?

Mother's Name

Father's Name

If separated please indicate

If you are separated, we will need to discuss the arrangements with you.

What does your child enjoy, do well, and what do you like about them?

As your child was growing up, were you concerned about
()

- | | | |
|---|------------------------------|-----------------------------|
| The first year? (e.g. hard to settle, poor weight gain?) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Early motor development (sitting, walking, running, kicking)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Early language (talking and understanding)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Early social development (eye contact, play, friends)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Early learning (e.g. colours, shapes, drawing)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any other major concerns during early childhood? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

The Family ()

Does anybody in the family (siblings, parents, grandparents, aunts, etc) have problems **similar** to, or the **same as** your child? Yes No

Does anybody in the family (siblings, parents, grandparents, aunts, etc) have **different** problems, of a developmental, learning, behavioural, emotional or psychiatric nature? Yes No

Of any problems identified above, what in particular would you like to discuss?

Who have you consulted for your child's difficulties?

(Remember to bring a copy of all written reports!)

	Currently [✓]	In the Past [✓]	Who?
Health Services			
Paediatrician			
Child Psychiatrist			
Occupational Therapist			
Physiotherapist			
Speech Pathologist			
Psychologist			
Social Worker / Counselor			
Education Services			
School Guidance Officer			
Support / Remedial Teacher			
Home Tutor			
Other			

Who is your GP? _____

For any professionals identified, please summarise the involvement.
(When it started / ceased, how often, what was done)

When you come to see us

Is there sensitive information that you would prefer not to talk about in front of your child? Yes No

If yes, we can discuss these issues while the child waits outside.
You may wish to bring a book or something for them to do while they wait.
If they will need supervision, please bring somebody along to supervise them.

Thank you for taking the time to complete this questionnaire.

Completed by _____

Date _____