

Your Child's Name

## **Questionnaire for Parents** Dr Megan Richardson

	— —				
Current school					
How long has your o	child been th	nere?			
What grade is your	child in curr	ently?			
Parent/Guardia	an 1 Nam	ie			
Parent/Guardia	an 2 Nam				
If separated please i	ndicate (🗸)	) 🗆	If you are separa to discuss corres arrangements w	pondence	
Parent/Guardia	an 1 Occi	upation			
Parent/Guardia	an 2 Occi	upation			
Siblings					
Name	Age	Relationsh	ip	Live in hou	ıse? (✔)
				(	)
				(	)
				(	)
				(	)
				(	)

/erall, hov	v concerne	d (worried	l) are you ab	out your ch	ild?
/erall, hov			<b>I) are you ab</b> Moderately		
nrent/	Not at all	A little	Moderately	Quite a lot	Extremely
arent/ uardian 1	Not at all	A little		Quite a lot	Extremely
nrent/ uardian 1 nrent/	Not at all	A little	Moderately	Quite a lot	Extremely 5

What concerns you, and what don't you understand about your child?					
What w	ould you lik	ce from us	s?		

## Your child's health (✓)

Any concerns about your child's health currently?	☐ Yes	☐ No
Any concerns about the pregnancy?	☐ Yes	☐ No
Any concerns about the birth and postnatal period?	☐ Yes	☐ No
Any accidents / injuries / serious illnesses in the past?	☐ Yes	☐ No
Has your child's <u>hearing</u> been checked?	☐ Yes	☐ No
If it has been checked, was it normal?	☐ Yes	☐ No
Has your child's <u>vision</u> been checked?	☐ Yes	☐ No
Is your child fully immunised?	☐ Yes	☐ No
Are there any other important medical issues?	☐ Yes	☐ No
What was the birth weight?If premature, how m	any weeks?	
As your child was growing up, were you concern	ed about (	<b>(</b> ✓ )
The first year? (e.g. hard to settle, poor weight gain?)	☐ Yes	☐ No
Early motor development (sitting, walking, running, kicking)?	☐ Yes	☐ No
Early language (talking and understanding)?	☐ Yes	☐ No
Early social development (eye contact, play, friends)?	☐ Yes	☐ No
Early learning (e.g. colours, shapes, drawing)?	☐ Yes	☐ No
Any other major concerns during early childhood?	☐ Yes	☐ No
The Family (✓)		
Does anybody in the family (siblings, parents, grandparents, aunts, uncles etc) have problems similar to, or the same as your child?	☐ Yes	□ No
Does anybody in the family (siblings, parents, grandparents, aunts, uncles etc) have <b>different</b> problems, of a developmental, learning, behavioural, emotional or psychiatric nature?	☐ Yes	□ No

Who have you consult:	ed for you	r child's dif	fficulties?
Who have you consulte			fficulties?
<b>Vho have you consult</b> Remember to bring a cop			fficulties?
	y of all writt	ten reports!)	fficulties? Who?
Remember to bring a cop  Health Services	y of all writt	In the Past	
Remember to bring a cop  Health Services  Paediatrician	y of all writt	In the Past	
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Health Services Paediatrician Child Psychiatrist Occupational Therapist Physiotherapist Speech Pathologist Psychologist Social Worker / Counselor Education Services	y of all writt	In the Past	

For any professionals identified, please summarise the invo (When it started / ceased, how often, what was done)	lvement.	
When you come to see us		
Sensitive information		
Is there sensitive information that you wouldprefer not to talk about in front of your child?	☐ Yes	☐ No
If yes, we can discuss these issues while the child we You may wish to bring a book or something for them to they will need supervision, please bring somebody along the source of the sour	do while the	
Photography Consent		
On occasion, we may take a photo of your child to help us remember them, and this photo may be stored on our computer system.  Do you or your child have any object to this?	☐ Yes	□ No
Information from Third Parties		
Sometimes we require information from third parties such as school teachers, other health professionals, and people that interact with your child.  Do we have your permission to contact these third		
parties?	∐ Yes	∐ No

Thank you for taking the time to complete this questionnaire.				
Completed by	Date			