



## Questionnaire for Parents CogMed

### Your Child's Name

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Current School

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How long has he/she been  
there?

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What grade is he/she in  
currently?

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### Mother's Name

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### Father's Name

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If separated please indicate (☒)

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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?

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**What would you like from us?**

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## Your child's health (☑)

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|---|------------------------------|-----------------------------|
| Any concerns about your child's health <b>currently</b> ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any concerns about the pregnancy?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any concerns about the birth and postnatal period?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any accidents / injuries / serious illnesses in the past  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your child's <u>hearing</u> been checked?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If it has been checked, was it normal?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your child's <u>vision</u> been checked?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your child fully immunised?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any other important medical issues?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

What was the birth weight \_\_\_\_\_ If premature, how many weeks \_\_\_\_\_

## 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 <b>similar</b> to, or the <b>same as</b> your child?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does anybody in the family (siblings, parents, grandparents, aunts, etc) have <b>different</b> problems, of a developmental, learning, behavioural, emotional or psychiatric nature? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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## Who have you consulted for your child's difficulties?

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

	Currently [✓]	In the Past [✓]	Who?
<b>Health Services</b>			
Paediatrician			
Child Psychiatrist			
Occupational Therapist			
Physiotherapist			
Speech Pathologist			
Psychologist			
Social Worker / Counselor			
<b>Education Services</b>			
School Guidance Officer			
Support / Remedial Teacher			
Home Tutor			
<b>Other (e.g. Naturopath)</b>			

Who is your GP? \_\_\_\_\_

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

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## 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**

\_\_\_\_\_