
Child's name: _____ Date of birth: _____

Address: _____

Phone: _____ Mobiles: _____

Mother: _____ Occupation: _____

Father: _____ Occupation: _____

Email: _____

School: _____ Year level: _____

School contact person: _____ Phone: _____

Reason for referral

Family details

1. Current family situation _____

2. Siblings _____

3. Relevant family history / incidents _____

4. Parent observations of child's behaviour etc. _____

Developmental details

Crawled? (age) _____

Walked? _____

Spoke in sentences? _____

Read? _____

Describe gross motor skills _____

Describe fine motor skills _____

Describe social skills _____

Health details

- 1. Significant health history _____

- 2. Visual assessment ? _____
- 3. Auditory assessment ? _____

Educational details

- 1. Educational history / progress _____

- 2. Present level of academic functioning _____

- 3. Social interactions / peer relationships _____

- 4. Teacher comments / observations _____

- 5. Prior testing? Dates? _____

- 6. Results of prior testing _____

- 7. Previous intervention / recommendations _____

Other comments

- *I understand that information discussed during sessions will be treated with confidentiality and not disclosed to or discussed with schools or other agencies without prior consent, unless somebody is at risk or in danger.*
- *I have received and agree with the current fee structure*
- *I have discussed and agree with the proposed outline of services in terms of suggested time frame & objectives*

Signed: _____ Date: _____

(Please return prior to, or on the day of appointment – with thanks)