1098438P

CHILD PRE - ASSESSMENT FORM

Please complete this form to the best of your ability so that we may provide the best possible service for your child. If your child has any recent reports by other health professionals (psychologist, speech language pathologist, occupational therapist, IEP, etc.), kindly bring copies of these with you or you may fax/email them in advance. Please note that all information given is kept strictly confidential and will only be released with the written consent of the parent / guardian. Please complete and return the form to our office at the address or email below. We look forward to meeting you and your child!

Child's name :	Today's date [DD/MM/YY] :
Name child prefers to be called :	Gender : Female ☐ Male ☐
Date of birth [DD/MM/YY] :	Place of birth :
Current address:	Home phone number :
Mother's name :	Father's name :
Mother's mobile number :	Father's mobile number :
Mother's e-mail address :	Father's email address :
Mother's occupation :	Father's occupation :
Primary contact person : ☐ Mother ☐ Father ☐ Other; please specify [name, phone number and email]	
Names and ages of siblings :	
Language(s) spoken at home :	Name of school and grade level :
Child's primary language :	Language(s) spoken at school :

How is your child in general?
What are your main concerns about your child?
How does this issue affect your child?
Does your child have a specific diagnosis related to your concern? Yes ☐ No ☐ If yes, please give details.
Who referred the child to Oasis Place? May we contact the referrer for additional information or clarification? Yes ☐ No ☐ (If yes, please provide a specific name, organisation if appropriate, and contact information)
List other specialists you have seen regarding this issue (i.e. doctor, psychologist)
What are your child's strength & weakness?
What motivates your child (favourite activities / toys)? Please describe
Has your child ever received an evaluation and/or therapy in the past? Yes ☐ No ☐ If yes, please attach any relevant reports and provide details

Areas of Concern

Please provide details where appropriate	Order of Concern *(Please rank the below from "1" being the most concerned to "8" being the least concerned)*
Communication (e.g. articulation, language, voice, fluency)	☐
Fine Motor Skills (e.g. use of fingers, writing	☐
Coordination / Movement (e.g. sitting, crawling, walking, jumping)	☐
Sensory Difficulties (eg. Sensitivity to certain textures/sounds/ light, tiptoeing, spinning)	☐
Social Interaction	☐
Learning Difficulties **(**e.g. reading, writing)	☐
Attention / Focus	☐
Emotional / Behavioural (e.g. anxiety, depression, anger, aggression)	☐

Health History

Is this your biological child? Yes ☐ No ☐
Was your child born? ☐ Full Term (37-40 weeks) ☐ Premature, born at _____ weeks Deliver : Vaginal ☐ Caesarean-Section ☐ Please list any specific issues
Were there any problems during the pregnancy and delivery? Yes ☐ No ☐ If yes, please elaborate
How was your child's health during his or her early months of life?

Health History

Were there any problems with your child's eating, sleeping or behaviour?
Does he or she have any medical issues? Yes ☐ No ☐ If yes, please elaborate
List any medication your child is taking :
Does your child have any allergies? Yes ☐ No ☐ If yes, please elaborate
Is your child on any special diet / supplements? Yes ☐ No ☐ If yes, please elaborate
Details of latest hearing test : Date : Results : Normal ☐ Abnormal ☐ Unknown ☐ Comments :
Details of latest vision test : Date : Results : Normal ☐ Abnormal ☐ Unknown ☐ Wears glasses : Yes ☐ No ☐ Comments :
Please state any additional information or comments you feel would help us in evaluating / treating your child
What outcome (s) do you hope to achieve from this appointment? 1. _____ 2. _____ 3. _____

Health History

How did you hear about Oasis Place?

☐ Social Media (Facebook, Twitter, etc)
☐ Search Engine (Google, Yahoo, etc)
☐ Other websites or blogs
☐ Radio
☐ Newspaper / magazines
☐ Friends / acquaintances
☐ Others, please specify : _____

Additional Notes by Client

Thank you very much for your time. We will be in touch shortly to schedule an appointment or to discuss your child's assessment / therapy needs further.

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