|  |
| --- |
| **Occupational Therapy**Parent/Carer Questionnaire |
|  |

**INITIAL INFORMATION FORM**

**PARENT CARER**

*To be returned as part of the referral paperwork*

**Confidential**

What support is your child receiving in school?

Concerns reported by school?

**MEDICAL INFORMATION:**

GP (name, address, number):

Paediatrician (name, address, number):

Diagnosis (if any) (when given):

Other professionals involved:

Medical History (including developmental milestones, family & social history):

Birth history (any concerns around birth and neonatal care):

Is your child on an NHS waiting list?  □ Yes □ No

**ASSESSMENT DETAILS:**

Please state the reason you wish to refer your child to Occupational Therapy. Please add as much detail as possible:

What do you wish to achieve from your child's assessment/therapy? What are your and your child’s goals?

What are your child’s strengths and interests?

What do they find challenging?