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| **Parent Carer Form**  **Occupational Therapy**  Parent/Carer Questionnaire  **\*\* CONFIDENTIAL \*\***   |  |  | | --- | --- | | **Pupil** |  | | **School** |  | | **Date of Birth** |  | | **Name of parent carer completing form** |  |  |  |  | | --- | --- | | **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 or young person on an NHS waiting list?  □ Yes □ No** | | | **ASSESSMENT DETAILS** | | | **Please state the reason you wish to refer your child or young person to Occupational Therapy. Please add as much detail as possible:** | | | **What do you wish to achieve from your child's/young person’s assessment/therapy? What are your and your child’s/young person’s goals?** | | | **What are your child’s/ young person strengths and interests?** | | | **What do they find challenging?** | | | Signed |  | | Printed |  | | Date |  | |