



Parent Questionnaire 0-3 years

Date Form Completed			
Child's Name	Surname	First Name	Middle Initial
Date of Birth	DD/MM/YYYY		
Parent's/ Carers Name	Mother/ Carer		Father / Carer
Address			
Email Address			
Phone Details	Mobile	Home	Work
Private Health Care	Fund Name	Member Number	
NDIS Funding	NDIS Number		
Medicare Card Details	Number	Parent No.	Valid to date
Medicare Funding (circle)	EPC / CDM	FPS / Mental Health Care Plan	Autism Initiative A135
Place in Family (names & ages of siblings)			
Childcare / Kindy / ELC / School Name			
Year Level			
Teacher's Name			
Referred By:			
Referrer Concerns			
Parent Concerns			

The information provided in this questionnaire is important in determining the most appropriate assessment and intervention for your child. Your careful consideration is appreciated and expected. If you are unsure, please indicate in the space provided. Thank you for your assistance.

Does your Child have a Medical diagnosis (tick)

Autism Spectrum Disorder

Asperger's Syndrome

PDD – NOS

Other _____

Please submit Report / information of diagnosis to admin@otfc.com.au

Medical history (colic, allergies, eczema, ear infections, asthma, sinus, seizures)

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Current Paediatrician (name / contact)	
Family GP (involved) (name/contact)	
Current Medication	
Hearing (concerns/tests/results)	
Vision (concerns/tests/results)	

List what you see as your child's major areas of need pertinent to this assessment (tick)

- | | | | | | |
|-----------|--------------------------|------------------|--------------------------|---------------|--------------------------|
| Speech | <input type="checkbox"/> | Sensory | <input type="checkbox"/> | Social | <input type="checkbox"/> |
| Behaviour | <input type="checkbox"/> | Toileting | <input type="checkbox"/> | Eating/ food | <input type="checkbox"/> |
| Learning | <input type="checkbox"/> | Gross motor | <input type="checkbox"/> | Fine motor | <input type="checkbox"/> |
| Play | <input type="checkbox"/> | Self stimulation | <input type="checkbox"/> | Communication | <input type="checkbox"/> |

Physical and Motor Development

Birth/neonatal history (e.g. full term; unusually quick birth; blueness, jaundice, illness, Apgar rating)

Milestones (age when)

Sat	
Crawled correctly	
Walked	
Spoke First Word	
Spoke in Sentences	

The rating scale is graded in response to a child's skill, ability or behaviour in the following areas. Ratings should be based on observations made at home and during play activities. If unsure or not observed, please indicate in the box provided.

PLAY - (predominantly but not exclusively gross motor)	Never	Sometimes	Usually	Always	Unsure
Appears coordinated for age					
Enjoys outside play					
Uses a dominant L or R hand (circle)					
Plays with balls – throws, kicks/catches/hits (circle)					
Pushes/pulls/pokes at things and people					
Seems weaker/stronger than others (circle)					
Physically tires quicker than others					

PLAY - (predominantly but not exclusively fine motor)	Never	Sometimes	Usually	Always	Unsure
Enjoys indoor play					
Can create own play					
Plays with blocks, construction items					
Plays with cars, trains, dolls					
Plays with puzzles					
Plays with scissors, drawing, painting activities					

PLAY	
Favourite Indoor Play	
Favourite Outdoor Play	
What is your home outdoor equipment?	
Extracurricular/community/group activities? (e.g. drama, swimming, dancing, music)	

MEALTIMES	Never	Sometimes	Usually	Always	Unsure
Uses – spoon or fork					
knife with fork					
fingers					
Fidgets and doesn't like sitting to eat					
Good appetite/eats all food groups					
food preferences determined by texture, taste, smell					
reaction to different foods (e.g. 'hyper' behaviour)					

DRESSING	Never	Sometimes	Usually	Always	Unsure
Attempts to put on clothes and shoes					
Is interested in learning how to get dressed					
Can take off clothes					

WASHING / GROOMING	Never	Sometimes	Usually	Always	Unsure
Bath (participates well)					
Showers (participates well)					
Washing face (participates well)					
Washing hair (participates well)					
Hair brushing (participates well)					

SLEEP	Never	Sometimes	Usually	Always	Unsure
needs to get to bed early and needs a lot of sleep					
restless sleeper / awakens during the night (circle)					
bedwetting/soiling (circle)					
awakes well and is more energetic in the mornings					
is more alive and energetic later in the day					
What time does your child wake in the morning?	am				
Does your child need a daytime sleep?	Yes <input type="checkbox"/> No <input type="checkbox"/>				
What time does your child go to bed at night?	pm				
How long does it take to go to sleep?					

TOILET	Never	Sometimes	Usually	Always	Unsure
Bladder control - day					
Bladder control - night					
Bowel control - day					
Bowel control - night					
Dressing					
Pressing button					
Washing Hands					

BEHAVIOUR pattern/reactions - current	Never	Sometimes	Usually	Always	Unsure
Is easy going					
Copes with change					
Has good frustration tolerance					
Is able to organise self					
Needs to control play with others					
Is aware and attentive to others					
Creates own play					
Plays with family well					
Has good self confidence					

BEHAVIOUR pattern/reactions - when very young	Never	Sometimes	Usually	Always	Unsure
Needed/demanded lots of attention/activity when awake?					
Passive, looker					
Needed much holding/ moving/ stroking/ tapping/ to settle?					
Coped with change of routine?					
Had feeding or digestive problems?					

TOUCH (Tactile)	Never	Sometimes	Usually	Always	Unsure
Is tolerant of affectionate hugs from family					
Is tolerant of being touched or hugged by others					
Is tolerant of different textures in clothing (labels, seams)					
Is tolerant of having face / hair being washed					
Is tolerant of teeth / hair being brushed					
Is tolerant of different textures on hands (e.g. food, glue)					
Is tolerant of different textures of food in mouth					
Is tolerant of being bumped/jostled in groups					
Tends to chew or mouth objects					

MOVEMENT/BALANCE/HEIGHT	Never	Sometimes	Usually	Always	Unsure
Is physically adventurous					
Is tolerant of swings					
Is tolerant of spinning movements					
Is tolerant of slippery dips					
Is tolerant of heights (including stairs)					
Experiences motion sickness whilst in the car					
Is tolerant of unstable surfaces					
Is tolerant of climbing frames					
BODY/MUSCLE AWARENESS / POSITION SENSE	Never	Sometimes	Usually	Always	Unsure
needs a light on at/all night					
resists having eyes or face covered					
appears clumsy, accident prone,					
spills/tips/knocks over things					
heavy handed/footed					
pushes/pulls/pokes at things and people					
Is tolerant of 'rough and tumble' play					
Is aware of own body space with others or structures.					
physically tires quicker than others					

VISION	Never	Sometimes	Usually	Always	Unsure
Is attracted to/excited by certain visual stimuli (e.g. lights)					
Sensitive to light					
Easily locates things					
Walks into/in the way of others/things					
HEARING	Never	Sometimes	Usually	Always	Unsure
Sensitive to some noises (shopping centre, crowds)					
Sometimes thought to have difficulty hearing					
Can follow more than two step instructions:					
Seeks out some sounds					
SMELL	Never	Sometimes	Usually	Always	Unsure
Is particularly sensitive to smells					
Seeks out certain smells / sniffs things					

Privacy Permission Form

Name of Child	
Date	
Name of Parent	
Signature of Parent	

I give consent to OTFC to discuss and send relevant information regarding my child with the following professionals:

	Email	Phone
Childcare/Kindy/School		
Paediatrician		
Speech Pathologist		
Psychologist		
Other		
Other		



Authority to Deduct

Terms and Conditions (please initial next to each condition to indicate you have read & understood the following)

1. I agree to pay in full all fees charged on the day of each service
2. I understand a cancellation fee of \$120 will be charged in the event of a non-arrival or appointment cancellation after 5pm for the following day's appointment for an initial assessment and no score sheets or report will be given unless both appointments are attended and paid for.
3. I accept and understand the registration fee* for all treatment sessions and will remit all missed appointments.
4. I agree to not bring my child for their appointment if they are unwell or contagious.
5. If an account remains unpaid for a period of 30 days, OTFC reserves the right to pass the debt to a collection agency of their choice and if necessary, to take legal action to recover the debt. Debt recovery costs including legal fees will be included.

*** What is The Registration Fee:**

For each session that is planned a registration fee of \$30 will automatically be invoiced to families regardless of sickness, holidays or other events scheduled or unscheduled. If a child attends their session, this fee will be absorbed into their payment with no extra charge. If there is a non-attendance or cancellation (for any reason), the \$30 fee will automatically be invoiced with payment expected within 7 days. The fee cannot be deducted from Fahcsia/ BSI/ NDIA/ Medicare funding and will therefore be the parent/carers responsibility. If a make-up session can be done within the week or fortnight, this fee will not be charged.

*Please see Q&A sheet for more information.

Parent / Carer's Name: _____

Signature: _____

Date: _____