

CLIENT INFORMATION

Personal Details

Student's Name: _____ Age: _____ Date of Birth: _____

Parents and Occupations: _____

Postal Address (addresses of both parents if different): _____

Phone Numbers: Home: _____ Work: _____
Email: _____ Mobile: _____

School: _____ Year: _____

Reasons for Referral

- 1 _____
- 2 _____
- 3 _____

Other Interventions: (what has been tried before, e.g. extra tuition, homework, RTLB, home support)

<u>Family</u>	Please include names and ages of siblings as well as any other relevant information
<u>Birth/Developmental History</u>	Please include relevant information (pregnancy, speech and language, social skills)
<u>Vision and Hearing</u>	Have recent assessments been conducted? If so, please include dates and results. Any history of vision or hearing difficulties, recurrent ear infections, etc.
<u>General Health</u>	Please include relevant details including any previous and current prescribed medication/s, surgery
<u>Child's Interests</u>	Please include any interests (e.g. sports), activities/games, favourite subjects etc
<u>Child's Strengths</u>	
<u>Activities Avoided</u>	These may include academic, social or behavioural difficulties. Please provide details.
	<i>Additional Information can be brought to first appointment</i>