Royal Far West
Children's health, country-wide

PO Box 52 MANLY NSW 1655
Phone: (02) 8966-8500 Fax: (02) 9977-7134
Email: intake@royalfarwest.org.au
Website: www.royalfarwest.org.au

PARENT QUESTIONNAIRE

Child's Name: _____ ☐ Male ☐ Female

Date of Birth: _____ Has child ever been to Royal Far West: ☐ Yes ☐ No

Address: _____ Post Code: _____

_____

Phone: (home) _____ (work) _____ (mobile) _____

Name of child's Doctor: _____

Ph: _____ Fax: _____ Email _____

Child's Paediatrician: _____

Contact Details: _____

Child's Medicare Number: _____ Health Care Card no: _____

Please enclose a photocopy of Health Care Card and/or Pension Card

Do you have private medical insurance? (apart from Medicare)

Name of Insurer: _____

Mother's Name: _____ Age: _____

Occupation: _____

Father's name: _____ Age: _____

Occupation: _____

Other children in the family ('x' if child has visited Royal Far West before)

Name	x	DOB	Name	x	DOB

Is your child of Aboriginal or Torres Strait Islander descent? ☐ Yes ☐No

Why is your child being referred to Royal Far West?

_____

_____

_____

Do you have any other worries about your child's health, behaviour, schoolwork etc?

_____

_____

_____

BIRTH HISTORY

Were there any problems with the pregnancy or birth? ☐ Yes ☐ No

If so, what? _____

Was the child born at full term? ☐ Yes ☐ No If not, how many weeks late/early: _____

Birth weight: _____ kg _____ g OR _____ lbs _____ oz

Did your child need any medical treatment just after birth? ☐ Yes ☐ No

Please explain: _____

Were there any early problems with sucking/chewing? ☐ Yes ☐ No _____

DEVELOPMENTAL HISTORY

At what age did your child complete the following milestones?

Milestone	Age	Comments
Sit up		
Crawl		
Walk		
Say first words		
Speak in sentences		

At what age was your child toilet trained, by day: _____ by night: _____

Does your child wet the bed? ☐ Yes ☐ No

If yes, how often? _____

Does your child wet or soil him/herself? ☐ Yes ☐ No

If yes, how often and when/where? _____

PAST MEDICAL HISTORY

Has your child had any serious illnesses, operations, accidents? ☐ Yes ☐ No

Please provide details: _____

_____

Did he/she need to be hospitalised? ☐ Yes ☐ No

Details: _____

_____

Does your child have epilepsy or seizures? ☐ Yes ☐ No

If yes, what type and/or how often? _____

MEDICATION

Does your child take any medication currently? ☐ Yes ☐ No

If yes, what and when was it started? _____

_____

Any previous medications? _____

ALLERGIES

Does your child have any allergies? (medication, food etc.) ☐ Yes ☐ No

If yes, please give details: _____

FOOD AND NUTRITION

Are you concerned about your child's weight? ☐ Yes ☐ No ☐ Underweight ☐ Overweight

Is your child on a special diet or require special food items? ☐ Yes ☐ No

Please list: _____

PREVIOUS ASSESSMENTS/TREATMENTS

Please mark (x) if your child has been seen by a:

Paediatrician		School counsellor		Physiotherapist	
Psychiatrist		Speech Pathologist		Occupational	
Psychologist		Community Nurse		Developmental disability team	
Social Worker		Early intervention team		Other (eg. Eye or ear doctor)	

Please tell us who, where and when you saw them:

_____

_____

_____

_____

VISION/EYES

Has your child ever had his/her eyes tested? ☐ Yes ☐ No If available please bring copy of result If so, when_____By whom:_____

Results: _____

Does your child wear glasses? ☐ Yes ☐ No If yes, please bring them with you

Are you concerned that your child may have a visual problem, or does your child complain of headaches, blurred vision or sore eyes? ☐Yes ☐ No

HEARING

Has your child had his/her hearing tested If available, please bring copy of result
If so, when_____By whom _____
Result:_____

Has your child had frequent middle ear infections? ☐ Yes ☐ No

FAMILY HISTORY

Is there a family history of epilepsy, learning problems, (eg. reading or writing), speech difficulties, clumsiness, eye problems or anything else you think may be important to tell us?

☐ Yes ☐ No If yes, please explain:

_____

_____

SCHOOL

Are you aware of any specific difficulties your child has with school work (eg. Reading, writing, spelling, math)

☐ Yes ☐ No Please explain: _____

_____

_____

To your knowledge, how does your child get on with his/her classmates? _____

_____

_____

READING

Does your child have difficulty with reading skills? ☐ Yes ☐ No

Is he/she receiving any extra help with his/her reading? ☐ Yes ☐ No

PSYCHOLOGY

Please outline any concerns you have about your child's behaviour or relationships within family and with friends _____

_____

_____

SPEECH

Please mark 'x' if your child has problems with any of the following:

Speech sounds		Telling a story	
Following longer directions		Chewing, swallowing, dribbling	
Putting words into a sentence		Understanding what you say	
Unusual voice		Stuttering	

Please give examples of speech problems: _____

_____

_____

OCCUPATIONAL THERAPY

Please mark 'x' if your child has a problem with any of the following:

Gross motor skills eg. skipping		Handwriting	
Visual perception, eg. Loses place when reading, copying, difficulty with puzzles		Self care, eg. Dressing, using eating utensils	
Developmental milestones eg. late to walk		Fine motor skills, eg. Scissors	

Details:_____

PHYSIOTHERAPY

Are you concerned about your child's body or the way he/she moves? ☐Yes ☐No

For example, is he/she, clumsy, complain of back pain or appear to have poor posture?

Please explain: _____

_____

If your child has any special equipment (eg. Wheelchair, standing frame, special cutlery etc.) please make sure you bring it with you when coming to Royal Far West.

SOCIALWORK

Please mark 'x' if you have problems with any of the following:

Personal		Family	
Pensions/benefits		Parenting	
Business/financial budgeting			

CONSENT

I,_____(mother, father, guardian, other) give permission for the release of information to the Royal Far West regarding _____(child's name). I understand that reports relevant to his/her assessment and/or treatment may be exchanged between Royal Far West, local schools, appropriate agencies and/or professionals.

Signature of parent or legal guardian_____Date _____

Thank you for your cooperation, please return completed forms to Royal Far West PO Box 52, Manly NSW 1655.

Form completed by:

Name:_____Relationship to child:_____