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| **Parent Carer Form****Occupational Therapy**Parent/Carer Questionnaire**\*\* CONFIDENTIAL \*\***

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| **Pupil** |  |
| **School** |  |
| **Date of Birth** |  |
| **Name of parent carer completing form** |  |

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| **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 |  |

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