



NANCY VAN ZYL
OCCUPATIONAL THERAPY

Reg. OT (BC)
CHCPBC: AW4506

4552 Willingdon Ave
Powell River
BC V8A 2K5

OT@nancyvanzyl.ca

Thank you for taking a few minutes to tell us more about your čičų (Chi Chuy).
Your responses will give us a better understanding of your child.

An occupational therapist (OT) looks at the overall development of a child and how they are functioning at home and at school. OT will support the child's sensory development, gross and fine motor skills, social-emotional development, and their independence in everyday tasks. The OT will do this by working directly with the child, and indirectly with their parents, teachers, and support staff.

Personal Information

Child's name:	
Child's date of birth:	
Personal Health Number:	
Family Doctor:	
Parent/Guardian:	
Contact Details:	
Phone:	
Email:	
Parent/Guardian:	
Contact Details:	
Phone:	
Email:	
Emergency contact's name and number:	
School/daycare currently attending:	
What method of communication do you prefer? Text, call, or email?	

Referral Information

Who referred your child to OT, and when?	
Do you know why your child was referred?	
Did/does your child receive any other therapies?	
Please tell us about any progress your child has already made?	

General

Please tell us a bit more about your child. How would you describe their personality?	
What activities does your child enjoy the most?	
What are your child's biggest strengths?	
Are you aware of anything that is hard for your child?	
With whom does the child live?	
Does the child have siblings? (Names and ages)	
How does the child get along with family and friends?	
Anything else you would like to share?	

Medical history

Is there anything about the pregnancy or birth that you would like to share?	
Is there anything about the early weeks that you would like to share? (Feeding, sleeping, breathing, etc.)	
How would you describe your child's general health?	
Any allergies, health issues or medications?	

Developmental history

Is there anything about your child's milestones that you would like to share? (Sitting, crawling, walking, talking, potty training, etc.)	
How would you describe your child's social skills and emotional development?	
Does your child seem able to communicate their needs?	
Can your child ride a tricycle, strider bike, scooter bike, bicycle, or scooter?	
Does your child enjoy swinging?	
Does your child like to be outside?	
Does your child like playing with a ball? Can he/she catch, throw, and/or kick a ball?	
Any other relevant information?	

Please check the ones that apply to your child:

<input type="checkbox"/>	Usually happy
<input type="checkbox"/>	Good self-esteem
<input type="checkbox"/>	Usually quiet
<input type="checkbox"/>	Talking constantly
<input type="checkbox"/>	Overly active/busy
<input type="checkbox"/>	Restless
<input type="checkbox"/>	Stubborn
<input type="checkbox"/>	Resistant to change
<input type="checkbox"/>	Impulsive
<input type="checkbox"/>	Tires easily
<input type="checkbox"/>	Over-reacts
<input type="checkbox"/>	Has frequent meltdowns / temper tantrums
<input type="checkbox"/>	Struggles to separate from caregiver
<input type="checkbox"/>	Has poor attention span
<input type="checkbox"/>	Has nervous tics/habits
<input type="checkbox"/>	Has unusual fears
<input type="checkbox"/>	Gets frustrated easily
<input type="checkbox"/>	Has difficulty learning new tasks
<input type="checkbox"/>	Has difficulty transitioning from one activity to the next
<input type="checkbox"/>	Is clumsy or falls/gets hurt frequently

Privacy and Consent

I understand that, in order to best support my child, the OT sometimes needs to receive or share information with the following team members: (teachers, support staff, doctors, other agencies)

Name of person/agency and contact details	
Name of person/agency and contact details	
Name of person/agency and contact details	

Medical Permission

By signing this form, you acknowledge and understand that the occupational therapist is not liable for any injuries that may occur during therapy sessions. We strive to provide a safe and effective environment for therapy, but we cannot guarantee the absence of all risks. Your child engages in therapy sessions at their own risk and as their parent, you agree not to hold the therapist responsible for any injuries sustained during therapy.

By signing this form, you grant permission to the therapist to take the necessary steps to obtain emergency medical care for your child, if required.

Therapy Procedures and Informed Consent

Occupational therapy (OT) often involves physical contact with the client in a safe and respectful manner (e.g. when we work on posture, we may touch the child's back or sides. When working on fine motor skills, we may put our hand over the child's hand.) By signing this form, you acknowledge that the OT may need to physically touch the child as part of the therapy process. We strive to ensure that all physical interactions are conducted in a professional and respectful manner, and we will always ask your child's consent before any physical contact is made.

Signatures

Name and signature of parent or guardian:	
Date:	
Name and signature of therapist:	



Timot. We look forward to working with you and your child.