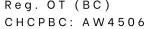


4552 Willingdon Ave Powell River BC V8A 2K5

OT@nancyvanzyl.ca



Thank you for taking a few minutes to tell us more about your čičʊy (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:		
	Usually happy	
0	Good self-esteem	
0	Usually quiet	
	Talking constantly	
0	Overly active/busy	
	Restless	
	Stubborn	
0	Resistant to change	
0	Impulsive	
	Tires easily	
0	Over-reacts	
0	Has frequent meltdowns / temper tantrums	
	Struggles to seperate from caregiver	
	Has poor attention span	
	Has nervous tics/habits	
	Has unusual fears	
0	Gets frustrated easily	
	Has difficulty learning new tasks	
0	Has difficulty transitioning from one activity to the next	
0	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 or 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:		



?imot. We look forward to working with you and your child.