



<Selected Provider Title> <Selected Provider First Name> <Selected Provider Last Name>

<Selected Provider Qualifications>

Provider #: <Selected Provider Number>

<Selected Provider Address>

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PARENT/CARER QUESTIONNAIRE

Dear Parent/Guardian,

Please complete this form to the best of your ability. Feel free to add comments if you wish. Bring the completed form with you to the appointment. Please note complex medical needs need time. If you were requiring an assessment for a disability (eg. NDIS-application) or we were starting psychotropic medications it will take at least two clinic appointments. Additionally, we will need to get information from educators, allied health professionals.

Date form filled in: _____

1. Patient's name: _____

2. Patient's Date of Birth: _____

3. Sex recorded at birth: Male Female

4. Gender: Male Female Non-Binary

5. Patient's address: _____

6. Your name and relationship to the child: _____

7. What are your concerns about your child? Are there any behavioural difficulties? _____

8. Mood (please describe): _____

9. Has a diagnosis been made? If 'Yes', please list all diagnoses:

A. _____

B. _____

C. _____

D. _____

E. _____

10. What are your child's strong points?

A. _____

B. _____

C. _____

11. Is your child on any regular medicines, herbs, supplements? If 'Yes', please list all below:

_____ Dosage _____ Reason:
_____ Dosage _____ Reason:
_____ Dosage _____ Reason:
_____ Dosage _____ Reason:

12. Past medications (why were they ceased): _____

13. Vision check: _____ when _____

14. Hearing check: _____ when _____

15. Dental check: _____ when _____

16. What school and grade does your child _____

Learning Problems: _____

Current functional abilities

Please check all those that are appropriate

Expressive communication:

vocalises signs and symbols articulation problems points or gestures phrases

Comprehension (understanding):

no understanding of speech commands understands one part commands understands two parts commands

Mobility:

immobile rolls crawls walks unaided walks with aide operates
wheelchair

Fine Motor: reaches grasps hold transfers manipulates none of these

Eating: tube-fed needs assistance needs supervision independent

Bathing: fully dependent needs assistance needs supervision independent

Dressing: fully dependent needs assistance needs supervision independent

Toileting: incontinent of bladder incontinent of bowel requires supervision

Community living skills (e.g. shopping, banking):

Travels independently?

Domestic skills (e.g. meal preparation, cooking, cleaning):

Sleep problems: _____

Activity levels: _____

Issues with nutrition: _____

To best use your time please ensure you bring the following information to the appointment if available and relevant to your child:

- Your child's Blue (red or green depending on which state in Australia) Book (if under two years of age)

Please email through any relevant information prior to the appointment to allow the doctor time to read the information including:

- Questionnaires we have emailed you to be done by the school and yourself
- School counsellor's report
- School or preschool reports
- Medical reports/assessments relevant to the appointment
- Allied health reports (speech pathology, occupational therapy report, psychology report etc.)

The above information will assist with your child's appointment. If you have any enquiries about this information please contact our office.

Our office has allocated a 45-minute appointment time for your child depending on if they are a new patient or circumstances that require a longer booking. Please arrive 10 minutes prior to your appointment with your Medicare Card. If you arrive late we cannot provide you with an extended time (in the interest of the next patient waiting). Sometimes delays are unavoidable due to unexpected complexities. If time is of concern to you on the day of your appointment, please contact our office to enquire if there will be a delay.

Cancellation Policy: If you cannot keep the appointment, please contact our office at least 48 hours prior. Coastal Childhealth charges 50% of the appointment fee for all late cancellations.