

**Getting to know your child**

(18 months - 6 years)

***Please fill out this form and bring it to your appointment. We can help you fill it out at the appointment if needed.***

**Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Must be the legal guardian) Date: \_\_\_\_\_\_\_\_\_\_\_­**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best days for appointments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAMILY:**

Parent/ Carer 1: Parent/ Carer 2:

Who lives at home? (Please include age of brothers/ sisters)

Are there any guardianship, custody or access arrangements involving the child?

Has your family experienced any stressful events (e.g. death in family, separation, family violence etc.)?

Has anyone in your family had speech, language or learning problems?

What language/s do you speak at home?

**MY CHILD:**

**Name: Date of birth:**

Things my child is good at/ likes doing:

What are your concerns about your child?





**OTHER IMPORTANT PEOPLE:**

GP Name and Practice:

Name of Childcare/ Kindergarten:

Does your child see a Paediatrician/ Specialists:

Other:

**EARLY DEVELOPMENT:**

Were there any difficulties with your pregnancy or your child’s birth?

What was your child’s birth weight?

What age did your child Roll: Sit: Crawl: Walk:

Use first words: Start putting words together:



**HEALTH:**

Has your child had any illnesses, accidents or operations?

Does your child have any allergies? Any ear infections / frequent colds:

Does your child take any medications?

Has your child’s hearing been tested since birth? Yes / No

Where: When:

Result:

Does your child go to the dentist?



**EATING AND NUTRITION:**

Do you have any concerns about your child’s weight/ growth?

Does your child eat the same food as the rest of the family? If not, how is this different?

Does your child feed himself/ herself with a fork/ spoon/ knife?





**SPEECH AND LANGUAGE DEVELOPMENT:**

Does your child understand/ follow instructions (with/without pointing)?

How does your child communicate (e.g. Pointing, noises, using one word, using sentences)?

Is your child’s speech easy to understand?

**EVERYDAY SKILLS:**

Does your child dress himself/ herself?

Tell us about your child’s sleeping habits? (e.g. Time, getting to sleep/ waking during the night, snoring)

Is your child toilet trained?

Does your child use a dummy? Suck his/her thumb?



**PLAY AND SOCIAL SKILLS:**

What does your child like to play with?

How well does your child play with others?

Does your child like to draw? Does your child use scissors?

Does your child like messy play (e.g. Playdough, pasting, dirt/ mud)?



**ATTENTION AND LISTENING:**

Tell us about your child’s attention and listening skills (e.g. Sitting still, finishing activities).

**MOTOR SKILLS:**

Do you have any concerns about your child’s walking (toe walker, pigeon toed, frequent tripping/falling over)?

Do you have any concerns about your child’s other motor skills (e.g. running, jumping, hopping, climbing, ball skills, bike riding)?

Do you have any concerns about your child’s posture (head, spine, arms, legs and feet)?

Does your child often complain of pain?

Do you have any concerns about your child’s balance and coordination skills?



**BEHAVIOUR/ EMOTIONS:**

Do you have any concerns about your child’s behaviour/ emotions?

Does your child play safely without supervision?

How independent is your child (e.g. Separates easily from parents, tries new things)?

Does your child have any strong or unusual reactions to noise, taste, touch, movement?



Other comments/ things you want us to know**:**

**OFFICE USE ONLY:** Discussed and provided family with copy of:

🞏 Client feedback 🞏 Client rights and responsibilities 🞏 Keeping your information private

🞏 Using an advocate 🞏 Infection Control 🞏 Australian Charter of Health Care Rights (Vic)

Brochures:

🞏 Our Services 🞏 Your Community Health Dental Services 🞏 Your Community Health Membership form

🞏 Alerts updated on Trakcare

Would you like to work with us to develop a personalised health and wellbeing plan? Y/N