

## CASE HISTORY

Please insert a photo of your child here

The following questionnaire has been composed in order to help in compiling a complete picture of your child during the developmental stages of infancy, early childhood and at present. Please complete the questionnaire as accurately as possible.

**ALL INFORMATION IS STRICTLY CONFIDENTIAL.**

|   |                        |             |        |
|---|------------------------|-------------|--------|
| Name of client:                                     |                        | Male/Female |        |
| Date of birth:                                      | Age:                   | years       | months |
| Street address:                                     |                        |             |        |
| Postal address:                                     |                        |             |        |
| Postal code:  |                        |             |        |
| Phone numbers - Home;                               |                        |             |        |
| Parents work;                                       |                        |             |        |
| Parents cell;                                       |                        |             |        |
| Email address:                                      |                        |             |        |
| Alternative person to contact in case of emergency: |                        |             |        |
| Name:   | Relationship:          | Number:     |        |
| Medical aid name:                                   | Medical aid number:    |             |        |
| Main members name:                                  |                        |             |        |
| Main members ID number:                             | Client dependent code: |             |        |

If your child wears glasses, please ensure he or she has them at the time of the assessment.

As the assessment lasts approximately 3 hours, please send a drink and snack with your child (no crisps, sweets and fizzy drinks please)

If there is anything specific I need to know before the assessment, please contact me before the date (such as use of a wheelchair, hearing aids, neurological conditions, language difficulties, etc.)

**It is important to note that bringing your child for an assessment is an automatic acceptance of the terms and conditions as laid out in the client contract whether you have signed the document or not.**

**Please sign below to confirm that everything in this questionnaire is true and correct to the best of your knowledge at the time of the assessment:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for referral: (please answer this question with as much detail as possible!)

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**Family history:**

|   | Father: | Mother: |
|---|---------|---------|
| First names and surname:                    |         |         |
| RSA ID Number/date of birth:                |         |         |
| Highest academic qualification:             |         |         |
| Current occupation and place of employment: |         |         |

**Please tick the boxes relevant to you and your child:**

|                          |  |                  |  |
|--------------------------|--|------------------|--|
| Parent's first marriage? |  | Foster parents   |  |
| Divorced?                |  | Adoptive parents |  |
| Separated?               |  | Widow/er?        |  |
| Single parent?           |  | Step parents     |  |

| Names of Siblings: | Dates of Birth: | School and Grade: |
|--------------------|-----------------|-------------------|
|                    |                 |                   |
|                    |                 |                   |
|                    |                 |                   |
|                    |                 |                   |

Child's position in family: .....child of .....child/ren

Who lives at home? \_\_\_\_\_

If the child's parents are divorced or separated, what are the living and visitation arrangements?

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Are there any **court, divorce or custody orders** that I need to be aware of? \_\_\_\_\_

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**Early history:**

**Pregnancy:** (Please report if there were any complications/stressors or if any medications were taken, including smoking and drinking alcohol.) \_\_\_\_\_

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**Birth:** (Please specify whether full term, premature or after due date and normal delivery, caesarean section, induction or assisted delivery?) \_\_\_\_\_

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Complications/medications **during birth:** \_\_\_\_\_

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Complications/medications **after birth** (for the child): \_\_\_\_\_

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Birth **weight:** \_\_\_\_\_

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**Developmental milestones:** (please report any concerns when learning to sit, crawl and walk and any concerns regarding toilet training, either during the day or at night) \_\_\_\_\_

At what age did your child: Sit? \_\_\_\_\_ Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_

**Speech milestones:** (please report if there were any concerns when your child first learnt to speak) \_\_\_\_\_

**Languages spoken** by the child: at home: \_\_\_\_\_; at school: \_\_\_\_\_  
Has the language at either home or school changed? Please give details: \_\_\_\_\_

Which **hand** does your child use to write? \_\_\_\_\_

**Health:**

(Please report whether your child suffered from any of the major childhood **illnesses** and/or repeated ear infections and/or grommets and/or any seizures suffered and which type. Please include ages.) \_\_\_\_\_

Prior **hospitalisations:** (please include date, age and reason for hospitalisation.) \_\_\_\_\_

Significant **head trauma:** (please include date, age and nature of accident.) \_\_\_\_\_

**Allergies:** (including asthma, eczema and hay fever) \_\_\_\_\_

Current **medication:** \_\_\_\_\_

Current **supplements or vitamins:** \_\_\_\_\_

**Eyesight:** (please include date and result of assessment.) \_\_\_\_\_

**Hearing:** (please include date and result of assessment.) \_\_\_\_\_

Do you suspect any difficulties with your child's vision and/or hearing? Please give details; \_\_\_\_\_

Any concerns about the current **sleeping** pattern? \_\_\_\_\_

Any concerns about the current **eating** habits? \_\_\_\_\_

Has the child or family experienced a **traumatic event**; for example, divorce, death, violence, etc.? Please give details; \_\_\_\_\_

Please list whether anybody in your child's family has experienced **attention** or **learning difficulties**, or if there is a family history of depression, anxiety or other **psychological** complaints. \_\_\_\_\_

Please list any **previous assessments** and/or **therapy** that your child has attended. Please include date of assessments and duration of therapy. If possible, please attach copies of reports of previous assessments.

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Has your child received **extra lessons** or **remedial** assistance? Please give details: \_\_\_\_\_

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**Schooling history:**

Please include details of schools that your child has attended, including nursery schools;

| Name of school: | Grade/s attended | Reason for moving/leaving |
|-----------------|------------------|---------------------------|
|                 |                  |                           |
|                 |                  |                           |
|                 |                  |                           |
|                 |                  |                           |
|                 |                  |                           |

Name of **current school**: \_\_\_\_\_

Current **grade**: \_\_\_\_\_

Has your child ever **repeated** a grade, if so which one? \_\_\_\_\_

Have siblings or family members ever repeated? If so, who and when? \_\_\_\_\_

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Current **subject choice** (if relevant): \_\_\_\_\_

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Please briefly describe your child's:

**Academic** progress; \_\_\_\_\_

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**Sporting** progress: \_\_\_\_\_

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**Creative** attributes: \_\_\_\_\_

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*Please bring examples of your child's schoolwork – worksheets, current reading book, essays, test/exam papers, homework assignments, etc. especially if there are particularly problematic areas*

Please list your child's **extra mural** activities, both in and out of school: \_\_\_\_\_

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Please indicate how much time **screen time** your child has per day – watching TV, playing computer or Playstation games, watching DVD's, playing Wii, etc. \_\_\_\_\_

Please list what else your child chooses to do with their **spare time** at home: \_\_\_\_\_

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Does your child spend time at **after care**? If so, how long? \_\_\_\_\_

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Who is **at home** with your child in the afternoon? \_\_\_\_\_

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Is there daily **homework** supervision? Please give details; \_\_\_\_\_

Describe your child's **attitude** or response to homework tasks? \_\_\_\_\_

Approximately **what time** of the day is homework done and **how long** does it take? \_\_\_\_\_

**Problems experienced at school or when completing homework:**

Please tick whether your child is currently displaying any of the following difficulties:

|   |                                     |   |  |
|---|-------------------------------------|---|--|
| Attention span                          | Hyperactivity                       | Busy or over-active                       | Fidgetiness                                  |
| Cannot plan or organise                 | Impulsivity                         | Argumentative                             | Unwilling to venture                         |
| Underachievement                        | Moodiness                           | Annoys others                             | Lazy   |
| Poor socialisation                      | Easily distracted                   | Naughty                                   | Daydreams                                    |
| Needs to be centre of attention         | Needs to have things his or her way | Accident prone or clumsy                  | Child's explanations are difficult to follow |
| Poor listening skills                   | Works slowly                        | Talks constantly                          | Mumbles                                      |
| Immature                                | Resistant to change                 | Gives up easily                           | Rushes work                                  |
| Difficulty making friends               | Defiant or rude                     | Easily frustrated                         | Poor handwriting                             |
| Struggles to follow routines            | Hates repetitive type tasks         | Needs constant supervision                | Messy and disorganised                       |
| Behaviour is frequently inappropriate   | Makes lots of careless mistakes     | Struggles to follow multiple instructions | Leaves books, clothes etc. at home or school |
| Struggles to follow simple instructions | Anxious about tests or exams        | Hides homework or class worksheets        | Needs constant refocusing to work            |
| Lack of perseverance                    | Work is often incomplete            | Forgetful, often needs reminders          | Has a poor or low self-esteem                |

Please add any **other behaviours or concerns** not mentioned above: \_\_\_\_\_

**Does your child display any of the following behaviours at home?**

|               |                       |                 |                     |
|---------------|-----------------------|-----------------|---------------------|
| Aggression    | Destructive behaviour | Jealousy        | Stealing            |
| Thumb-sucking | Insomnia              | Whining         | Extreme fears       |
| Stutter       | Tiredness             | Extreme shyness | Nail biting         |
| Bed wetting   | Lying                 | Anxiety         | Social difficulties |

Please explain further if you have ticked any of these home behaviours: \_\_\_\_\_

How is **discipline** handled in the home? \_\_\_\_\_

What is the most effective method of discipline? \_\_\_\_\_

This questionnaire has focused largely on problems that your child may be having, however, it is important to identify your child's **strengths, talents, skills and accomplishments**. Please use the space below to describe these assets and use additional pages if necessary.

**Please add anything here that you feel is important but was not covered by the questionnaire:**

*Thank you for your cooperation in completing this form.*