

Dear Parents,

This brief questionnaire is to help us decide which services your child requires and which therapist in the clinic would be a good match. It does take a little longer to process new referrals using this system but we feel it is important to ensure that we know what you are looking for and that we are providing for the needs of your child to the best of our ability.

Child's name: _____

Date of Birth: _____

Parent's name: _____

Address : _____

Contact numbers: _____

Email address: _____

Child's first language: _____

Preschool or school child attends: _____

Has your child had any formal testing done? _____

Has your child been given any formal diagnosis? _____

Does your child already work with any professionals or have they received any input in the past?

Do we have permission to contact them? YES NO

May we know who referred you to Kaleidoscope? _____

Do you have any preferences regarding the day or the time if your child were to require regular therapy input?

Have you been recommended to take your child to any of the following.... (please mark X)

Occupational Therapy	
Physiotherapy	
Counselling	

Speech therapy	
Educational support	
Social /Behavioural therapy	

Others? Please specify _____

What are your concerns regarding your child's development?

Does your child's teacher have any concerns and if so what are they?

What kind of input are you looking for? ... Please mark X

A consultation to better understand your child's needs and the type of therapy input required.	
Weekly therapy sessions.	
Periodic consultations to provide you with a home based therapy programme.	
A formal assessment inclusive of testing and a written report.	
Not sure and would like to talk to a therapist before deciding if you require any of the above.	

Thank you for your time and we will contact you as soon as we receive the questionnaire. Please feel free to call Hana on 62565342 for any further information regarding our referral process.