100 Williams Street RED HOUSE PAEDIATRICS Ph: 9783-7667 Fax: 9781-2623

Frankston VIC 3199 Dr Ylva Andersson, Dr Ted Lowther, Dr Marlise Tilders info@redhousepaediatrics.com.au

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| **Child’s full name:** |
| **What are your concerns for your child?****When did you first notice the problem?** |
| **Has a diagnosis been made for your child? If so, please list/detail.** |
| **What are your child’s strong points/good qualities?** |
| **What are you hoping to gain from our services?** |
| **Medications** | **Dose/Frequency** |
| **Effectiveness of medications:** |
| **Medication side-effects:** |

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| **Child’s full name:** |
| **Allergies:** |
| **Are your child’s immunisations up to date (provide details if applicable)?** |
| **Family history of Medical/Learning/Mental Health issues:** |
| **Birth Details****Conception (circle): Natural IVF/Assisted** |
| **Complications or issues in pregnancy:** |
| **Medications in pregnancy:** |
| **Cigarette use/smoking (how much, when stopped):** |
| **Alcohol use (how much, when stopped):** |
| **Gestation at birth (how many weeks):** |
| **Method of delivery (circle) Normal Vaginal Vacuum Forceps** **Caesarean section - Elective Emergency** |
| **Apgar scores at 1 and 5 minutes:** |
| **Birth weight: Length: Head circumference:** |
| **Infant feeding: Breast (Until: ) Bottle Mixed** **Expressed Breast Milk Formula** |
| **Feeding difficulties (circle): Yes No** |
| **Transitioning to solids – Age: Difficulties (circle): Yes No** |

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| **Child’s full name:** |
| **Other medical issues:** |
| **Any sleep issues:****Goes to Bed:****Time sleep: Time awake:****Snoring (circle): Never Sometimes Always** |
| **Any dietary issues (provide details if any)?** |
| **Previous hearing test (circle): Yes No Details:** |
| **Previous vision test (circle): Yes No Details:** |
| **Milestones (provide approximate age).****Sit alone:****Crawled:****Stand:** **First steps/walk (independently without holding on):****Run:****Jump:****Pedal tricycle:****Babble:****First word:****Two word phrase:** |
| **Toilet training:****Indicates Wees /Poos (circle): Yes No When:****Bladder control (circle): Day Night Not Yet When:****Bowel control (circle): Yes No When:** |

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| **Child’s full name:** |
| **Does your child use eye contact?**  |
| **Does your child use their index finger to point at things:** |
| **Does your child play with toys imaginatively?** |
| **Does your child have any unusual routines?** |
| **Does your child line up toys:** |
| **Does your child have any unusual fixated or repetitive interests/obsessions?** |
| **Does your child have any unusual movements or behaviours with hands/fingers?** |
| **Does your child have any unusual repetitive use of words/singing/sounds?** |
| **Is your child overly sensitive to sounds/lights/smells/tastes?** |
| **Does your child mouth objects or put things in their mouth often?** |
| **Does your child like touching/feeling different surfaces?** |
| **Is your child overly preoccupied with looking at themselves in a mirror?** |
| **How does your child relate and play with other children of their age?** |
| **Does your child show affection to other people?** |
| **Does your child seek comfort when hurt?**  |
| **Is your child able to read the emotions of thoughts of other children during their play/interactions?** |
| **Is your child aggressive or destructive?** |

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| **Child’s full name:** |
| **Please rate the following for your child with regards to his/her behaviours over the last 6 months, in****Comparison to other children of the same age:****0 = Never 1=Sometimes/occasionally 2=Often 3=vey often/always** |
| Does not pay attention to detail/makes careless mistakes  |  0 1 2 3  |
| Has difficulty keeping attention to what needs to be done  |  0 1 2 3  |
| Does not seem to listen when spoken to directly |  0 1 2 3  |
| Does not follow through when given directions and fails to finish activities  |  0 1 2 3  |
| Has difficulty organising tasks and activities |  0 1 2 3  |
| Avoid/dislikes/does not want to start tasks that require ongoing mental effort |  0 1 2 3  |
| Loses things necessary for tasks or activities |  0 1 2 3  |
| Is easily distracted by noises or other stimuli |  0 1 2 3  |
| Is forgetful in daily activities |  0 1 2 3  |
| Fidgets with hands or feet or squirms in seat |  0 1 2 3  |
| Leaves set when remaining seated is expected |  0 1 2 3  |
| Runs about or climbs too much when remaining seated is expected |  0 1 2 3  |
| Has difficulty playing or beginning quiet play activities |  0 1 2 3  |
| Is ‘on the go’ or often acts as if ‘driven by a motor’ |  0 1 2 3  |
| Talks too much |  0 1 2 3  |
| Blurts out answers before questions have been completed |  0 1 2 3  |
| Has difficulty waiting his or her turn |  0 1 2 3  |
| Interrupts or intrudes in on others’ conversations and/or activities |  0 1 2 3  |
| Argues with adults |  0 1 2 3  |
| Loses temper |  0 1 2 3  |
| Actively defies or refuses to go along with adults’ requests or rules |  0 1 2 3  |
| Deliberately annoys people |  0 1 2 3  |
| Blames others for his or her mistakes or misbehaviours |  0 1 2 3  |
| Is touchy or easily annoyed by others |  0 1 2 3  |
| Is angry or resentful |  0 1 2 3  |
| Is spiteful and wants to get even |  0 1 2 3  |
| **Please rate your child’s performance below:****1= Excellent 2=Above average 3=Average 4=Below average 5=Problematic** |  |
| Overall school performance |  1 2 3 4 5 |
| Reading |  1 2 3 4 5 |
| Writing |  1 2 3 4 5 |
| Mathematics |  1 2 3 4 5 |
| Relationship with parents |  1 2 3 4 5 |
| Relationship with siblings |  1 2 3 4 5 |
| Relationship with peers |  1 2 3 4 5 |

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**Teacher questionnaire**

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| --- |
| **Child’s full name:** |
| **Teachers Name:** |
| **Class:** |
| **Time Known Child:** |
| Please rate his/her behaviours over the last 3 months.0= Never 1=Sometimes/occasionally 2=Often 3=very often/always |
| Fails to give attention to details or makes careless mistakes in schoolwork | 0 1 2 3 |
| Has difficulty sustaining attention to tasks or activities | 0 1 2 3 |
| Does not seem to listen when spoken to directly | 0 1 2 3 |
| Does not follow through on instructions and fails to finish schoolwork | 0 1 2 3 |
| Has difficulty organising tasks and activities | 0 1 2 3 |
| Avoids/dislikes/does not want to start tasks that require ongoing mental effort | 0 1 2 3 |
| Loses things necessary for tasks or activities | 0 1 2 3 |
| Is easily distracted by extraneous stimuli | 0 1 2 3 |
| Is forgetful in daily activities | 0 1 2 3 |
| Fidgets with hands or fee or squirms in seat | 0 1 2 3 |
| Leaves seat in classroom/other situations where remaining seated is expected | 0 1 2 3 |
| Runs about/climbs excessively where remaining seated is expected | 0 1 2 3 |
| Has difficulty playing or engaging in leisure activities quietly | 0 1 2 3 |
| Is ‘on the go’ or often active as if ‘driven by a motor’ | 0 1 2 3 |
| Talks excessively | 0 1 2 3 |
| Blurts out answers before questions have been completed | 0 1 2 3 |
| Has difficulty waiting in line | 0 1 2 3 |
| Interrupts or intrudes on others (eg. butts in conversation/games) | 0 1 2 3 |
| Loses temper | 0 1 2 3 |
| Actively defies or refuses to comply with adult’s requests or rules | 0 1 2 3 |
| Is angry or resentful | 0 1 2 3 |
| Is spiteful or vindictive | 0 1 2 3 |
| Bullies, threatens or intimidates others | 0 1 2 3 |
| Initiates physical fights | 0 1 2 3 |
| Lies to obtain goods for favours or to avoid obligations (eg. ‘cons’ others) | 0 1 2 3 |
| Is physically cruel to people | 0 1 2 3 |
| Has stolen items of no-trivial value | 0 1 2 3 |
| Deliberately destroys others’ property | 0 1 2 3 |

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