Change for Life

Child Enquiry Form (Preschool)

Date:

Full Name: _____ **DOB:** _____ **Age:** _____ **Gender:**_____

Parent / Guardian 1 Details:

NAME:_____

Email: _____ Contact Number_____

Parent / Guardian 2 Details:

NAME:_____

Email: _____ Contact Number_____

How did you hear of / or were referred to Change for Life: _____

Has the child seen a Pediatrician? Yes/No
If yes, Pediatrician's details: _____

Has the child seen a Psychiatrist? Yes/No
If yes, Psychiatrist's details: _____

Has the child or family been referred to Child and Adolescent Mental Health Service (CAMHS)? Yes/No
If yes, please provide details: _____

Funding Method:

- ☐ MHCP
- ☐ If yes, referring Doctor's details: _____
- ☐ NDIS
- ☐ If yes, NDIS participant number: _____
- ☐ Private Health Insurance
- ☐ DVA
- ☐ VOC
- ☐ TAC
- ☐ Privately paying none of the above: Please describe:

Clinical Diagnosis or concerns (if any): _____

Risk Assessment

Has your child had a previous history of self-harm? Yes/No

If Yes, please describe: _____

Does your child have any sensory behaviours that are of concern or are socially inappropriate? Yes/No

If Yes, please describe: _____

Would you be okay to receive telehealth therapy? _____

Has your child had previous counselling or psychology sessions. If yes please describe?

_____

If yes, has seeing a psychologist been effective? How so?

_____

Currently, what do you or your child want to see a psychologist for:

☐ Anxiety	☐ Obsessive Compulsive Behaviour	☐ Eating problems / disorder
☐ Depression	☐ Adjustment, grief and loss	☐ Stress management
☐ Behaviour Intervention	☐ Social Skills	☐ Chronic or medical condition. If yes please describe: _____
☐ Early Intervention	☐ Autism Spectrum Disorder (ASD)	☐ Intellectual Disability
☐ Trauma (please describe):		
☐ Other:		

Current level of communication
Is your child able to express him/herself in short simple sentences (4-5 words)?

Will others be able to understand your child when he/she speaks?

Will your child be able to follow two-steps instructions?

Are they able to maintain a two-way conversation?

Please list your main concerns over the last 12 months? *(Extra information can be provided if needed)*

1.	2.
3.	4.
5.	6.

Is your child currently attending daycare or Kindergarten?

_____

Has daycare/kindergarten voiced any concerns about i) how your child's behaviour, ii) progress in learning or iii) socially?

_____

_____

Has your child been asked to leave daycare or kindergarten?

_____

Has your child ever had trouble in kindergarten/daycare with any of the following? (please check all that apply):

- ☐ Anxieties *(Please describe e.g. Separation Anxiety)*
- ☐ Obsessions
- ☐ Friends
- ☐ Not sitting still
- ☐ Stealing
- ☐ Fighting
- ☐ Setting fires
- ☐ Being picked on
- ☐ Running away
- ☐ Harming animals
- ☐ Social difficulties
- ☐ Being disruptive
- ☐ Inattention
- ☐ Bullying
- ☐ Task refusal
- ☐
- ☐ Physical behaviours: hitting / kicking /spitting / biting / screaming / tantrum
- ☐ Other:
- ☐ None of the above

What goals do you hope to achieve by seeing a psychologist:

By 1 month? _____

_____

By 6 months? _____

_____

By 12 months? _____

_____

Are you or your child involved in any current or have been (past) legal matters, or court proceedings and/or claims? : Yes / No

Are you seeking psychological services in relation to family law matters? : Yes / No

Availability for sessions *(Sessions starting at 9 AM - 2 PM)***:**

☐ Monday	☐ AM / PM	☐ Tuesday	☐ AM / PM
☐ Wednesday	☐ AM / PM	☐ Thursday	☐ AM / PM
☐ Friday	☐ AM / PM		

More about your child and parenting

What do you feel are your child's social and emotional strengths?

What has been successful in helping them cope with emotional distress?

Would you (parent) be interested in parent training/strategies for supporting your child and family interactions? : Yes / No

Would your child's siblings be interested in sibling support?: Yes/No

Please list activities, hobbies or toys that your child enjoys (Reinforcements).