

**Parent Questionnaire**

The information you voluntarily provide will be treated confidentially by Sunflower House. The data will not be shared with third parties without your permission. The anamnesis sheet and all other records related to the child's development will be kept for 3 years after the end of the therapy.

Data destruction will be carried out in accordance with the regulations.

*Name: Date of birth:*

*Address:*

*Mother's name: Mother's occupation:*

*Father's name: Father's occupation:*

*Sibling(s):*

*Parent’s phone number: E-mail address:*

*Date of examination: Age of child:*

***What is the problem or symptom for which you are requesting an examination:***

*What does the parent expect as a result of the Sunflower House sessions?*

***Pregnancy:*** *Pregnancy course: normal/maternal illnesses (flu, fever, cramps), metabolic disorders, other factors (bleeding during pregnancy, cramps, too much/not enough amniotic fluid production)*

***The birth process:*** *Normal delivery / caesarean section / vacuum / prolonged labour /*

*Time of birth: weeks. Weight: gr. Length: cm. Apgar score:*

***Infant/Toddler age***

*Were you able to breastfeed your baby, and if so, until how many months of age?*

*What was and is your child's appetite?*

*How predictable was your child's sleep and eating patterns during infancy?*

*Did your child cryed a lot? If so, how reassuring was it?*

***Child development:*** *Movement (about what month did it happen?)*

*Head lifting: Propping up: Turning: Crawling: Climbing: Sitting: Standing up: Independent walking:*

*Current movement forms:*

*Can he/she walk up and down stairs?*

*Can he/she walk down stairs?*

*Does he/she like to swing? Does he/she like to spin?*

*Can he/she ride a bicycle? Does he/she like to play ball?*

*Do he/she do any sports?*

***Speech development (about what month did it happen?)***

*Babble in baby talk: Words with meaning:*

*Words put into sentences:*

*Vocabulary/communication, clarity of speech currently:*

*Is it a monolingual family?*

*Has your child attended speech therapy, why and for how long*

***Current status:***

*What do he/she like to play?*

*What is he/she afraid of?*

*How does he/she behave in unfamiliar situations?*

*What do you think about your child's current condition? Is he/she independent in eating, dressing, bathing?*

*Is your child already housebroken?*

*Does your child go to day care?*

*Does your child go to nursery school?*

*If attending an institution, how has your child been integrated into the community? How do you get on with children and adults?*

*What is your child good at?*

*How is your child's day going? What extra activities does your child participate in?*

*How much television or computer time does your child watch?*

***Your child's current medical conditions:***

|  |  |  |  |
| --- | --- | --- | --- |
|  | *yes* | *no* | *comment* |
| *Allergies* |  |  |  |
| *Persistent headaches, dizziness* |  |  |  |
| *Asthma* |  |  |  |
| *Loss of consciousness* |  |  |  |
| *Skin disease* |  |  |  |
| *Urinary problems* |  |  |  |
| *Bowel problems* |  |  |  |
| *Ophthalmic problem Glasses:* |  |  |  |
| *Ear/hearing problem* |  |  |  |
| *Tonsillectomy* |  |  |  |
| *Upper respiratory tract, respiratory* |  |  |  |
| *Speech disorder* |  |  |  |
| *Mobility problems* |  |  |  |
| *Has your child been in hospital?* |  |  |  |

***Other:***

***Family history*** *of any major illness (epilepsy, psychiatric illness, alcoholism, drug abuse, mental retardation, mobility disorder, speech disorder, major vision problem, hearing problem, diabetes, persistent skin condition, other illness)*

*Are you receiving/have you received any treatment, counselling or developmental support for your child's development?*

|  |  |  |
| --- | --- | --- |
|  | *Yes/No* | *Since when, how regularly?* |
| *Neurologist* |  |  |
| *Sensory integration therapy/Ayres/DSZIT* |  |  |
| *TSMT therapy* |  |  |
| *Other therapy* |  |  |

*Any other important information or comments that have not been mentioned and that may affect your child's examination and therapy:*