Educational Case Management

Unit 3, 56 Hudson Street
Hamilton NSW 2303

Unit 1, 46 Hamilton
NSW 2303

P 0249698060 F 0249692879
E info@ecmonhudson.com
www.ecmonhudson.com

INITIAL OCCUPATIONAL THERAPY FORM – CLIENT DETAILS

Client's Name:			
Gender:	☐ Male ☐ Female	Date of Birth:	
Address:		Postcode:	
School:		School Phone:	
Teacher's Name:		Year at School:	
Sibling's Name(s):		Sibling Age(s):	

MEDICAL INFORMATION

Family Doctor:		Doctor Phone:	

Medical Condition/Previous Diagnosis - *describe if applicable:*

Medication(s) - *list if applicable:*

Referrer's name and agency *(if not the Family Doctor)*:

Medicare No:		Number on card:	
National Disability Insurance Scheme No.:		Date Commenced:	

Do you have a Mental Health Care Plan: ☐ Y ☐ N Do you have an Enhanced Care Plan: ☐ Y ☐ N

MEDICAL HISTORY

Medical Condition / Previous Diagnosis

Medication(s) – List if applicable

Have the below been checked?

☐ Vision

☐ Hearing

DEVELOPMENTAL HISTORY

Pregnancy – Any Complications?

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Birth

- ☐ Vaginal
- ☐ C-Section
- ☐ Complications

Disposition as a baby:

Age began crawling?

Age began walking?

PRESCHOOL / SCHOOL INFORMATION

School		Year	
Contact person		Teacher	
Email		Phone Number	

Does your child like preschool/school? ☐ Y ☐ N

Does your child like / complete their homework? ☐ Y ☐ N

Has your teacher identified any concerns (if yes please explain below) ☐ Y ☐ N

STRENGTH'S AND INTERESTS

Strengths

Interests

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SELF-CARE – Please comment on the following

Dressing:

Washing:

Hair:

Brushing Teeth:

Eating:

Drinking:

Toileting:

Other:

GROSS MOTOR SKILLS:

Does your child have difficulty learning new motor skills?	☐	Y	☐	N
Does your child enjoy sport / group games?	☐	Y	☐	N
Is your child clumsy?	☐	Y	☐	N
Can your child play ball games the same as other child their age?	☐	Y	☐	N
Can run/jump /climb the same as others their age?	☐	Y	☐	N
Any other gross motor concerns?	☐	Y	☐	N

Describe:

FINE MOTOR SKILLS:

Hand Preference	☐	R	☐		L
Difficulty with the following?					
Cutlery	☐	Y	☐	N	
Buttons/Zippers	☐	Y	☐	N	
Shoe laces	☐	Y	☐	N	
Cutting	☐	Y	☐	N	
Colouring	☐	Y	☐	N	
Handwriting	☐	Y	☐	N	
Ever complain of pain of fatigue when engaging in tasks with hands?	☐	Y	☐	N	

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SENSORY PROCESSING

Have you ever noticed your child reacting differently to others with the following? If yes, please provide example

☐ Touch:

☐ Smell:

☐ Taste:

☐ Sound

☐ Sight:

☐ Movement:

☐ Awareness of self in space:

OTHER CONCENS

Do you have any concerns regarding the following? If yes, please provide details

☐ Attention:

☐ Listening:

☐ Aggression:

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☐ Violence:

☐ Meltdowns:

MORE ABOUT YOUR CHILD

How does your child like to play?

Does your child have friends?

Does your child have any special interests?

Does your child have any dislikes?

If you could change three things for your child and family what would they be?

1.
2.
3.

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This gathering of information is a necessary part of the assessment, diagnosis, and treatment procedure, and is seen only by the Clinician. All personal information gathered by the clinician during the provision of the service will remain confidential and secure within the practice except where:

1. A written report is compiled, and consent is given to forward the report to another professional or school / agency
2. Failure to disclose the information would place you or another person at 'risk of harm'
3. Your prior approval has been obtained
4. Discussion of the material is required with another person

FEES

Fees and report costs are payable at the end of the session.

Health Fund and Medicare rebates apply.

$185.00	CONSULTATION
$130.00	CONCESSION
$350.00	OCCUPATIONAL THERAPY REPORTS

DECLARATION

Signature: _____ Signature: _____

Date: _____ Date: _____

VERY IMPORTANT INFORMATION:

Please PRINT or EMAIL your completed document to: info@ecmonhudson.com

Please ensure you bring all reports to your initial consultation.

Unfortunately, we need to charge a cancellation fee if you do not attend an appointment, or if you need to cancel after 3pm on the day prior to scheduled appointment. We have a wait list; hence your appointment could be allocated to someone else if we have enough notice.

Member Australian Psychological Society MAPS

Lynette Bainbridge M.A.P.S. - Consultant Psychologist B.Sc. (Psych); B. Soc. Sc; Dip Ed; MSch Cns.
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