

Section 1: Client details

Preferred name

Given name

Surname

Gender

Date of birth

Hospital of birth

Australian Permanent Residency Status:

- Australian Citizen Australian Permanent Resident
 New Zealand Citizen Other (please specify):

Ethnicity and ATSI details

Home address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode:

Suburb

Spoken language

Interpreter required?

- Yes No

Medicare Card Number

IRN (Place on card e.g. 3)

Expiry date

**Section 2 – Parent/Carer
/Legal Guardian details****2.1 Primary contact**

Given name

Surname

Relationship to client:

- Parent Carer Guardian

Home address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode:

Suburb

Contact number

Email address

Spoken language

Interpreter required?

- Yes No

2.2 Alternative Contact

Given name

Surname

Relationship to client:

Parent

Carer

Guardian

Home address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	Postcode:

Suburb

Contact number

Email address

Spoken language

Interpreter required?

Yes

No

2.3 Custody or Access Provisions

Please advise if there are any specific custody or access provisions you wish us to be aware of:

Section 3 – Medical History and Areas of Concern

The following questions will provide the assessment team with some preliminary information about your child. Please answer these questions to the best of your ability and with as much detail as possible.

3.1 Medical History

- a. Were there any concerns during the pregnancy with your child?

If yes, please provide details.

- b. Was your child born to full term?

- c. How many weeks gestation were they born?

3.1 Medical History – Continued

d. Did your child have any health concerns at birth or before their first birthday?

If yes, please provide details.

e. Does your child have any ongoing health concerns?

If yes, please specify.

f. Has your child needed to go to hospital?

If yes, please provide details.

g. Have you ever seen any health professional about your child's development?

If yes, please list who they are.

h. What do you think your child is good at e.g. What are their strengths?

3.2 Areas of Concern

Please indicate your level of concern in each life area below (rows a–f); tick only one level of Concern (columns 1–5)

	1. Extremely Concerned	2. Very Concerned	3. Moderately Concerned	4. Slightly Concerned	5. Not at all Concerned
a. Self-Care & Daily Living: Washing; Dressing; Eating; Toileting; Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe difficulties /concerns:

3.2 Areas of Concern – Continued

Please indicate your level of concern in each life area below (rows a–f); tick only one level of Concern (columns 1–5)

	1. Extremely Concerned	2. Very Concerned	3. Moderately Concerned	4. Slightly Concerned	5. Not at all Concerned
b. Gross & Fine Motor skills: Eye-Hand Coordination; Holding Pencil/Scissors; Ball Skills Please describe difficulties /concerns:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Communication: Making self understood; Understanding others Please tick if relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Does not say any words <input type="checkbox"/> Uses single words only <input type="checkbox"/> Combines single words to make short phrases, e.g., "I want drink." <input type="checkbox"/> Speaks fluently using sentences, e.g. "I went to the shop and bought a lolly."					
Please describe any difficulties/ concerns and indicate your child's language skills:					
d. Social Skills: Making and keeping friends; behaving in acceptable ways; coping with feelings Please describe difficulties /concerns:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sensory Processing:: Unusual sensory interests/ difficulties e.g. fascination with light, sensitivity to noise Please describe difficulties /concerns:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2 Areas of Concern – Continued

Please indicate your level of concern in each life area below (rows a–f); tick only one level of Concern (columns 1–5)

	1. Extremely Concerned	2. Very Concerned	3. Moderately Concerned	4. Slightly Concerned	5. Not at all Concerned
f. Learning & Education: Understanding new ideas; Remembering; Problem solving; Decision making; Paying attention; Undertaking single or multiple tasks; Carrying out daily routine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe difficulties /concerns:

3.3 Developmental Information

a. For children who can speak fluently.

Does your child participate in conversations with you?

Please give specific examples.

b. How does your child approach other people to initiate an interaction with them? e.g. do they go up to others and talk to them, or show them something?

Please give specific examples.

c. Does your child appear to be aware of, or interested in other people's feelings? e.g. will they give a person a hug if they're crying?

Please give specific examples.

d. Does your child use gestures to communicate? e.g. pointing, waving hello/goodbye, nodding/shaking his/her head?

Please give specific examples.

3.3 Developmental Information – Continued

e. Does your child use facial expressions to show you how they are feeling?

Please give specific examples.

f. Does your child look at people when they are talking, listening or playing with them?

Please give specific examples.

g. Does your child show interest in other children? e.g. by watching them, imitating their actions, talking to you about them, playing with them?

Please give specific examples.

h. Does your child seem to have a preference playing on their own rather than with others? e.g. do they push you away if you try to join in their play?

Please give specific examples.

i. Does your child appear to have friendships that are appropriate for their age, or friendships that are similar to those of their same aged peers?

Please give specific examples.

j. Does your child regularly repeat words, phrases or sentences exactly as he/she has heard in the past, in a way that is different to his/her typically developing peers?

Please give specific examples.

k. Does your child regularly demonstrate any unusual movements? e.g. flapping their hands, flicking their fingers or walking on their toes?

Please give specific examples.

3.3 Developmental Information – Continued

- l. Does your child have any special routines or things that he/she likes to do in a particular order?**

Please give specific examples.

- m. How does your child cope if his/her activities are interrupted?**

Please give specific examples.

- n. Does your child have a strong interest in a particular object, topic, or activity?**

Please give specific examples.

- o. Does your child appear to have any unusual sensory interests or sensitivities? e.g. smelling or licking particular objects or surfaces, putting his/her hands over the ears in response to loud noises, appearing to dislike touch?**

Please give specific examples.

3.4 Additional Feedback

- a. Do you have any additional concerns regarding your child's development/health that have not been recorded in the tables above? e.g. concerns about food selectivity, poor sleep, other identified disabilities? (Please specify)**

- b. It can be helpful for us to see an example of your child playing and interacting with others.**

If possible, please email us or provide us with a short (max 5 minute) video of your child playing and/or interacting with others.

- c. How did you hear about Patches?**

Parent/Legal Guardian Consent

Your consent gives permission for your child (the patient) to be seen by the Patches team until your child is "discharged from the service". You may formally withdraw your consent at any time.

I give my consent for Patches to:

- Undertake assessments and therapy interventions at any site, including schools and clinics
- Obtain, release and exchange reports and relevant information (both written and verbally) with other agencies and individuals as required including:
 - › The patient's school, including school Psychologist service reports
 - › The patient's nominated GP
 - › Aboriginal Medical Services
 - › Any relevant Medical or other Child Development Services
- Make audio and/or visual recordings of my child for assessment, management and therapy purposes
- I understand that Patches is obliged to release relevant information to the Department of Child Protection pertaining to patients in care
- I understand Patches will not administer any medication to my child

Research at Patches

- As well as using the information we collect about your child for their clinical care, we also use it for research and evaluation purposes. For example, we might use your child's data for annual reports about our service, to look at ways we can improve our service, conference presentations and/or research publications.
- Whenever we present information, we do it so that identifying information is not included and you or your child cannot be identified e.g. we do not use your child's name.
- We sometimes work with researchers from outside our clinic. The research we do is approved by a Human Research Ethics Committee and tends to look at groups of people rather than just one person (e.g., what was the average age of our clients).

- While there are no direct benefits to you or your child from letting Patches use your child's information for research, this information might help us improve our understanding and treatment of various psychological and medical conditions, potentially benefiting future patients.
- It is ok if you do not want your child's information used for research purposes.
- You can change your mind at any time after signing this Consent Form.

Confidentiality

All medical records are stored securely. Only Patches staff members have access to these records, unless the law requires us to disclose it.

- Consistent with State Health policy and legal standards, all medical records are kept for a minimum of 7 years after the death of a patient and then destroyed.
- Your child's information will be used as described in this form and not otherwise disclosed (unless disclosure is required by law).

If you have any questions, we can talk to you before you sign this consent form.

- I have read and understood the information provided above. Any questions that I have asked have been answered to my satisfaction.
- I understand that if I have further questions or I wish to withdraw my consent at a later date, I may contact Patches on (08) 6280 1259.
- I give my permission for Patches to enter my child's information into a database with the understanding that any information used for reports, conference presentations and/or research publications will be de-identified.
- I understand that the information I provide will be kept in the strictest confidence by Patches, unless obliged to release by law.
- I understand that, if I wish, I may ask for a copy of this Information and Consent Form.

Signatures

Name of child/client

Legal Guardian Name

Legal Guardian
Signature

Date

Send the signed and completed form to:

WA Email: diagnosis@patches.com.au
Fax: 08 6208 3202

NT Email: ntdiagnosis@patches.com.au
Fax: 08 6208 3202