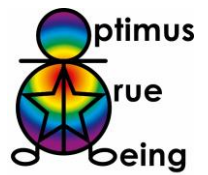




Be the Star You Are

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Child Pre Session Questionnaire



Be the Star You Are

Please fill out the following questions as much as you can prior to your child's session. By being honest ensures the most optimus results. Please disclose anything that could potentially cause any risk to either family member or Therapist, so that precautions can be taken to minimise this. Ideally if you could please email it back to mandy@optimustruebeing.com.au, or if your computer is not playing nicely, then please bring your answers along with you to your child's first session. Many Thanks ☺

Name of child:	Person filling out this form/Relationship:	Date:
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Date of Birth:	Who lives in household (please include ages of siblings)?:
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What are the main reasons for seeking Therapy? Problems/pains/issues? (Rate pain 1=no pain, 10=max pain)

How was their birth for both Mum & child?

Please list their Hobbies/Interests:

How is their Sleeping Pattern? How many hours sleep do they get?
 (Light/Average/Heavy sleeper)
 (Awake Refreshed/Tired)
 (Up to the toilet @ night, bed wetter etc)

What sort of Exercise do they do? (Type/Frequency)

What is your child's diet like? (Water intake, Veg, Fruit, [Smoking passive/active, Alcohol])

Do they take any Supplements/Herbs/Medications? Vitamins/Minerals, etc

Do they have any Food Cravings/Preferences? (Sweets/Chocolates/bitter/spicy, hot/cold, etc)

Do they have any allergies?

Do they have any Amalgam Fillings (silver)?

How is your child's energy on a scale 1=no energy, 10=full of energy? When do they have most/least energy

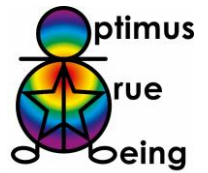
Do they get Stressed?: On an average & at extremes please rate 1=no stress, 10=max stress...
 What makes them stressed? How do they feel?



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Child Pre Session Questionnaire



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What is their Medical History? e.g. Allergic Reactions, Anxiety/Depression/Nervous/panic attacks, Arthritis (Juvenile), Asthma, Birth difficulties, Bladder weakness, Blood Pressure, Bone/structural weakness/deviations, Breathing probs, Cancer, Ear probs/infections, Emotional, Eye strain/pain/blotches/glasses, Headaches/Migraines, Hearing difficulties, Heart Conditions, Liver probs/Hepatitis, Muscle pain/aches, Neurological problems, Nose discomfort/dripping/sneezing, Psychiatric History, Side Effects (other treatments), Syncope/fainting/epilepsy, etc

Are there any Medical conditions within your Family? As above for Mum/Dad/Grandparents/Brothers/Sisters

If Menstrual Cycle present how is it?

Duration?

Light/Heavy?

Emotions – Cranky, weepy, etc?

How is their digestion? How often do they have a bowel motion? Any bloating/pain, constipation/diarrhoea? Any Reflux/burping?

Do they have any Fears? (Heights/small spaces/animals/insects/performance, etc)

Do they Dream? any vivid/repeating/nice/concerning

How would you describe your child? (Happy, Sad, Lonely, playful, fast/slow learner, etc)

Have they been Vaccinated? Yes / No. Any recent/new ones?

Do they use orthotic appliances in their shoes? Yes / No

Do they experience back pain, neck pain or other physical pain? Yes / No

Do they experience ringing in the ears, clicking/popping of the jaw or facial pain? Yes / No

Has your child been assessed by the school counsellor? Yes / No. If Yes... Any recommendations?



Child Pre Session Questionnaire



Are they receiving any intervention from other Therapists/Services? Yes / No. If Yes... Who?

Are they receiving any extra help at school? Yes / No. If Yes... with what?

Have they ever received Kinesiology/Integrated Therapy before? Yes / No.

Now if you could please rate your level of satisfaction on your child's performance in the following areas using a scale of 1 to 5. Circle the number that best represents your level of satisfaction. The number 1 indicates "very dissatisfied" with your child's performance while number 5 indicates "very satisfied" with your child's performance.

MOTOR PERFORMANCE

1. Gross motor

	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
Ball skills	1	2	3	4	5
Running	1	2	3	4	5
Hopping	1	2	3	4	5
Playing sports	1	2	3	4	5
Swimming	1	2	3	4	5

Comments on gross motor skills:.....
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Child Pre Session Questionnaire

2. Fine motor skills

	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
Pencil grip	1	2	3	4	5
Colouring in	1	2	3	4	5
Using scissors	1	2	3	4	5
Crafts	1	2	3	4	5

Comments on fine motor skills:

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3. Handwriting

	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
Letter formations	1	2	3	4	5
Legibility	1	2	3	4	5
Organisation of written work	1	2	3	4	5
Speed	1	2	3	4	5

Comments on handwriting performance:

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Child Pre Session Questionnaire

ACADEMIC PERFORMANCE

	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
Reading	1	2	3	4	5
Spelling	1	2	3	4	5
Written expression (the ability to create and express ideas in writing)	1	2	3	4	5
Mathematics	1	2	3	4	5

Comments on academic performance:

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SELF-CARE

	Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
Putting on jumper / t-shirt	1	2	3	4	5
Managing buttons	1	2	3	4	5
Tying shoelaces	1	2	3	4	5
Using knife / fork	1	2	3	4	5
Toilet hygiene	1	2	3	4	5

Comments on self care:

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Child Pre Session Questionnaire

SOCIAL AND BEHAVIOUR

Please rate all items using a scale of 1 to 4. Circle the number that best represents your observations of your child. The number **1** indicates the behaviour is never observed while number **4** indicates the behaviour is always observed.

1. Concentration & Behaviour

	Never	Sometimes	Frequently	Always
Listens to parent's instructions	1	2	3	4
Remains focused on the task at hand	1	2	3	4
Remains focused on the task at hand	1	2	3	4
Able to sit still	1	2	3	4
Identifies materials needed for a particular task	1	2	3	4

Comments on concentration and behaviour:

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2. Peer Relations and Play :

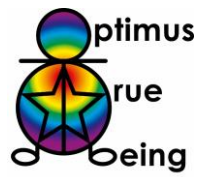
	Never	Sometimes	Frequently	Always
Plays constructively with siblings/cousins/family friends	1	2	3	4
Makes friends	1	2	3	4
Keeps friends	1	2	3	4
Is bullied by peers	1	2	3	4



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Child Pre Session Questionnaire



Be the Star You Are

Is invited to birthday parties and play dates	1	2	3	4
Is a bully to others	1	2	3	4
Is able to play easily with friends	1	2	3	4
Prefers to play computer / TV than other play	1	2	3	4
Uses good imagination in play	1	2	3	4
Has unusual play behaviours	1	2	3	4
Is a leader in play	1	2	3	4
Is destructive in play	1	2	3	4

Comments on ability to get on with and play with other children:

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PLEASE NOMINATE 3 AREAS THAT YOUR CHILD CURRENTLY HAS DIFFICULTY WITH THAT YOU WOULD LIKE TO SEE IMPROVED...

1.
2.
3.

Thank you for that! If you are unsure about anything, please email, ring or text me, or just bring the question with you on this sheet. I Look forward to seeing you soon, Mandy ☺