



Pre-Assessment Questionnaire – Children

Please complete the questionnaire on the following pages as fully as possible; the information will be kept confidential.

| | |
|--|------------------------------|
| Name: | |
| By what name does your kid like to be called? | Language spoken at home: |
| Parents/Guardian name: mother: | |
| Father: | |
| Address: | |
| Phone numbers: | email: |
| Date of birth: | Gestation period (in weeks): |
| Weight at birth: | APGAR score: |
| Diagnosis: | |
| Cause of injury/ First indication of problems: | |
| Additional comments: | |



Does your kid have/had any :

Allergies?(food, medication...etc)

Yes (please specify) No

Seizures/Epilepsy ?

Yes (give details) No

Surgeries?

Yes (please specify) No

Miscellaneous injuries ?

Yes (please specify) No

Any other medical problem /medication ?

Yes (please specify) No

Dislocation/contractures ?

Yes (please specify) No

Please state any physical/emotional...Etc concerns or other information what Angel N Butterflies needs to know:



HISTORY OF PREGNANCY AND BIRTH DETAILS

| | |
|---|---------------------------------|
| Number of children in the family: | Other sibling's age, condition: |
| Any problem with previous pregnancy or fertility: Yes (give details below) No | |

| | |
|---|--|
| Length of pregnancy: | Premature; Normal; Post mature |
| The history of the pregnancy: | normal; planned; insemination; other: |
| Any complication during pregnancy? | Yes (give details below); No |
| How was the delivery?: Vaginal ; Caesarean; VBAC(Vaginal birth after Caesarean), Forceps ; Vacuum Extraction | |
| Any complication during delivery, post-delievery? Yes (give details below); No | |
| Has your child had any breathing problems during or after birth? Yes; No | |
| Was Oxygen administered? | Yes; No If yes for how long? |
| Was special care required? For how long? | |
| Any test was taken after birth? MRI; CAT scan; other | |



What happened after he or she had been taken home from the hospital? First weeks, month?

When and how she or he was diagnosed?

Other comments about birth or diagnosis:

DEVELOPMENT

Typical Normal Progression

**At what age did your kid start?
(Or not applicable N/A)**

0-3 month

smiling..... gurgles.....lifting the head.....

3-6 month

reaching out..... picking up.....grasping....

banging toys together..... rolling continuously.....

6-9 month

creeps.....put toys together.....drinking from cup

reaches with arms and legs.....

9-12 month

sit up.....playing in sitting.....kneel up.....

Stands up.....crawl.....starts to tell words....

stands..... Starts to walk.....

Muscle tone:

As a baby:

spastic; hypoton; normal

Now:

spastic; hypoton; normal

Additional comments:



PRESENT CONDITION

How is your child changing place and position? Roll; crawl; commando crawl; sliding on the bottom; walk other...(Please give detail below)

How he /she usually sit?

How is he/she standing, walking?

Does your kid use any type of aids, or equipment? (AFO, walker...Etc.)

Yes (give details below); No

How is he/she communicate?

Does the kid have any vision/hearing problems? **Yes (give details below); No**

Does the kid toilet trained?

Yes(since what age?) No

Was he/she in Conductive Education before? **Yes (give details below); No**

What type of rehabilitation therapies does the kid get? How often?

What other alternative therapies have the kid ever tried? (Medek, Suit therapy...etc



DAILY ROUTINE

Please write down the kid's typical daily schedule:

Morning:

Afternoon:

What games/activities does your child like to play or do? Favourite toy?

Does your child afraid of something?(fears)

How is the kids progress from parents view?

What is the biggest problem, issue with the kids according to parents?

What are the parent's short term goals?

Long term goals?

I hereby state that the above information is true to the best of my knowledge.

Date:

Signature:



Angel N Butterflies Conductive Education Ottawa

Please send your form by email to : angelnbutterflies@gmail.com

or by mail: Angel N Butterflies

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Book an appointment for the personal assessment at the same email or call 613 438 0865.

Thank you for your interest.

Best regards