**OT Virtual Consultation Form**

The following form will provide us with an outline of your concerns so that we can use our time efficiently in providing you with relevant, beneficial suggestions for you and your child. Please include any information that you feel may be valuable for us to know ahead of the consultation.

Child’s name: Parents name:

Date of birth: Parents contact details:

**Is your child experiencing difficulty with the following?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sensory regulation**Incl. sustained focus, transitioning, frustration tolerance, emotional regulation |  | **Task organisation**Starting/completing a task, transitioning between tasks |  |
| **Sensory Discrimination**Incl. motor planning, motor coordination |  | **Self-care skills**Toileting, dressing, feeding |  |
| **Gross motor** Postural control, ball skills, balance |  | **Social Skills**Turn taking, sharing, group participation |  |
| **Fine motor**Bilateral hand use, cutting, colouring, fine motor control, handwriting |  | **Executive functioning**Difficulties with ideation, problem solving, memory recall |  |
| **Visual perception**Copying, drawing, letter and number formation |  | **Other (please list)** |

**What are your main concerns?**

**Have you tried any techniques that have assisted you? If so, please name them.**

**Have you tried any techniques that have not worked for you? If so, please name them.**

**On a scale of 1 (low) – 5 (high) – how significantly are your child’s difficulties impacting on:**

Performance at school: 1 2 3 4 5

Home and Family life: 1 2 3 4 5

Relationships with peers: 1 2 3 4 5

**Does your child have one of the following diagnoses?**

|  |  |
| --- | --- |
| Developmental Delay |  |
| Developmental Coordination Disorder (DCD) |  |
| Praxis Disorders |  |
| Autism Spectrum Disorders (ASD) |  |
| Down syndrome |  |
| Other Neurodevelopmental Disorders |  |

**Who has referred you to our service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**