



Clinic Intake Questionnaire

Your Name:

Address:

Email:

Contact No:

Relationship to child:

Name of child:

Date of birth:

Child's school and year level:

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Briefly describe child's main area(s) of difficulty: (attach notes as required)

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Have previous assessments and/or treatments been carried out by any of the following: -
(please tick)

Medical Practitioner

Speech Therapist

Occupational Therapist

Psychologist

Psychiatrist

Physiotherapist

Guidance Officer

Other

If 'yes' please describe. Are reports or previous assessments available?

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Does the child have a medical condition? If 'yes' please describe:

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Does the child use any form of medication: If 'yes' please give details:

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What kind of assistance are you hoping to obtain for your child?

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Is there anything else you feel that the clinic team should know or should have asked about?
If 'yes' note briefly:

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Who referred you to the clinic, or if self-referred, how did you find out about the clinic?

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Please return this form to: Dr Linda Gilmore
Learning and Development Clinic
School of Learning and Development
Faculty of Education
QUT
Victoria Park Road
Kelvin Grove Qld 4059