



Orion College  
Grades Gr R - 12 and Vocational

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EMIS No: 70000026  
Exam Centre No: 840026

### THERAPY DEPARTMENT QUESTIONNAIRE

Name and surname of child:		Date of birth:	
		Gender:	
Grade:		Age:	
School:		Teacher:	
School Tel No:		Home Language:	
Medicating Doctor		Primary Diagnosis:	
		Diagnosing Physician:	
Home Address:		Secondary Diagnosis: (If applicable)	
Who referred the child?		Other diagnosis:	
Primary Reason(s) for Referral?			

### PARENT/CAREGIVER INFORMATION

Biological parents are:	Married	Engaged	Separated	Divorced	Never married
Name of Mother:			Name of Father:		
Contact number:			Contact number:		
Place of employment:			Place of employment:		
Occupation:			Occupation:		
Work hours:			Work schedule:		
Highest Level of Education:			Highest Level of Education:		
If DIVORCED, who is the primary custodian?  Are the permission of BOTH parents required for assessments/therapy/medical care etc., based on the divorce and custody settlement?					

Other individuals living in the child's home? (Siblings, grandparents, etc.)	Name	Age	Gender	Relationship to the child.
Other individuals regularly involved? (Grandparents, non-custodial parent/stepparent)	Name	How often?		Relationship to the child.

BIRTH HISTORY				
1. Is your child adopted?		Yes	No	
If yes, please elaborate:				
2. Did you experience any problems/complications during pregnancy /delivery or birth?		Yes	No	Unsure
If yes, please elaborate:				
3. Please provide details about the following:				
<u>Labour</u> (eg duration, any problems etc)				
<u>Birth</u> (eg caesarian, forceps etc)				
What was the child's APGAR score?				
Birth Weight				
4. Number of Pregnancies		5. Term Births		
6. Was this child:	Preterm	Term	Post-term	No of weeks:
POST NATAL DIFFICULTIES				
7. Breathing problems		Yes	No	
8. Eating problems		Yes	No	
9. Sleeping problems		Yes	No	
10. Jaundice		Yes	No	
11. Transfusion		Yes	No	

12. Other (Describe):	Yes	No
13. How did you adjust/cope with the birth of this child?		
Mother:		
Father:		

**MEDICAL AND DEVELOPMENTAL HISTORY:**

1. About reaching the developmental milestones, were there any delays noted?					
Sat alone (ave 6-8 months.)		Crawled (ave 9 months)		Walked (ave 12-18 months)	
Fed self (ave 10-12 months)		Spoke words (ave 10 months)		Toilet trained (ave 2-3 yrs)	
2. Does your child have any physical health problems that may interfere with normal functioning (vision, hearing, motor)? If yes, please briefly describe:					
3. Any hospitalizations, surgeries, emergency room visits? If yes, please briefly describe:					

4. Please discuss, in the table below, any major childhood illnesses or problems which your child has experienced:

ILLNESS/PROBLEM	AGE	PLEASE ELABORATE
Meningitis		
Encephalitis		
Heart Condition		
Epilepsy/Convulsions		
Asthma		
Frequent respiratory infections		
Abnormal weight loss or gain		
Frequent urinary infections		
Bedwetting		
Soiling or lack of bowel control		
Sleeping problems		
Poor appetite		
Head injury		
Loss of consciousness		

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Sleeping problems		
Poor appetite		
Head injury		
Loss of consciousness		

Accident or physical injury		
Skull X-Ray		
EEG		
Brain Scan		
Neurological Investigation		
Frequent Headaches		
Vision		
Hearing		
Allergies		
Other:		

**Medication List:**

5. Please list all medications your child is taking, including nonprescription drugs, vitamins, and herbals (use separate sheet if necessary).

Medication name:	Dose:	How often:

**Previous medication:**

Please list all previous medication, reactions to medication, and why the medication was stopped (use a separate sheet if necessary).


6. Have any family members or relatives ever had any of the following problems. Please elaborate if necessary.

	Mother	Father	Step-Mother	Step-Father	Siblings	Relatives
Epilepsy						
Emotional Problems						
Hospitalized for Emotional problems.						
Allergies						
Alcohol Dependency or Abuse						
Drug Dependency or Abuse						
Treatment for Emotional Problems						
Suicidal Attempt						
Chronic Physical Illness						
Learning Problems (School)						
Other (List)						

**PREVIOUS THERAPY AND ASSESSMENTS**

7. Has your child ever received counseling services, psycho/play therapy or a psychological assessment?

If yes, please list:	Dates	Provider	Diagnoses

8. Has your child ever received Speech and Language therapy or completed a Speech and Language assessment?

If yes, please list:	Dates	Provider	Diagnoses

9. Has your child ever received Occupational therapy or completed an Occupational therapy assessment?

If yes, please list:	Dates	Provider	Diagnoses

10. Has your child ever received assistance with schoolwork or had a scholastic assessment completed?

If yes, please list:	Dates	Provider	Diagnoses

11. Has your child ever received any other therapy/assistance/assessment not mentioned above?

If yes, please list:	Dates	Provider	Diagnoses

**SCHOOL INFORMATION**

12. Current school name?			
13. Current grade level:			
14. Teacher's Name(s):			
15. School contact details:			
16. Has your child ever been suspended, expelled, or retained in a grade?	Yes	No	
17. Has your child ever received early intervention or special education services? Explain.	Yes	No	
18. Extracurricular activities?			

**School History**

19. Provide details of each of your child's years of schooling until the present: Attached available school reports if possible

	AGE - Name of school and Country	PERFORMANCE/ LANGUAGE OF INSTRUCTION	ANY PROBLEMS EXPERIENCED
Nursery School and Pre-Grade			
Grade 1 -3			
Grade 4 -7			
High School (If applicable)			

**School History**

20. Provide details of each of your child's years of schooling until the present: **Attached available school reports if possible**

	AGE - Name of school and Country	PERFORMANCE/ LANGUAGE OF INSTRUCTION	ANY PROBLEMS EXPERIENCED
Nursery School and Pre-Grade			
Grade 1 -3			
Grade 4 -7			
High School (If applicable)			



Please indicate which of the following are problems as far as this child is concerned. If an item does not constitute a problem or if you have had no opportunity to observe or have no knowledge about the item, circle the zero. If an item constitutes a mild problem, circle the one. If an item constitutes a severe problem, circle the two. Please complete every item.

- |   |   |   |  |
|---|---|---|--|
| 0 | 1 | 2 | 1. Restless, unable to sit still.                                  |
| 0 | 1 | 2 | 2. Seeks attention, shows off.                                     |
| 0 | 1 | 2 | 3. Disappears without telling parent(s).                           |
| 0 | 1 | 2 | 4. Self-conscious – easily embarrassed.                            |
| 0 | 1 | 2 | 5. Disruptive – annoys and bothers other.                          |
| 0 | 1 | 2 | 6. Feels inferior.   |
| 0 | 1 | 2 | 7. Steals  |
| 0 | 1 | 2 | 8. Shy, bashful.   |
| 0 | 1 | 2 | 9. Repetitive speech – says same thing over and over.              |
| 0 | 1 | 2 | 10. Short attention span – poor concentration                      |
| 0 | 1 | 2 | 11. Lacks self-confidence.   |
| 0 | 1 | 2 | 12. Inattentive to what others say.                                |
| 0 | 1 | 2 | 13. Incoherent speech – what is said doesn't make sense.           |
| 0 | 1 | 2 | 14. Does your child have at least one good friend.                 |
| 0 | 1 | 2 | 15. Fights   |
| 0 | 1 | 2 | 16. Loyal to delinquent friends                                    |
| 0 | 1 | 2 | 17. Has temper tantrums.   |
| 0 | 1 | 2 | 18. Truant from school – usually in company with others            |
| 0 | 1 | 2 | 19. Hypersensitive – feelings are easily hurt.                     |
| 0 | 1 | 2 | 20. Generally fearful - anxious                                    |
| 0 | 1 | 2 | 21. Irresponsible - undependable                                   |
| 0 | 1 | 2 | 22. Has "bad" companions – who are always in some kind of trouble. |
| 0 | 1 | 2 | 23. Tense, unable to relax.  |
| 0 | 1 | 2 | 24. Disobedient – difficult to control.                            |
| 0 | 1 | 2 | 25. Depressed, always sad.   |
| 0 | 1 | 2 | 26. Uncooperative in group situations                              |
| 0 | 1 | 2 | 27. Passive, suggestible – easily led by others.                   |
| 0 | 1 | 2 | 28. Hyperactive, always on the go                                  |
| 0 | 1 | 2 | 29. Distractible, easily diverted from the task at hand.           |
| 0 | 1 | 2 | 30. Negative, tends to do the opposite of what is requested.       |
| 0 | 1 | 2 | 31. Impertinent – talks back.                                      |
| 0 | 1 | 2 | 32. Sluggish, slow-moving, lethargic                               |
| 0 | 1 | 2 | 33. Drowsy – not "wide awake"                                      |
| 0 | 1 | 2 | 34. Nervous, jittery, jumpy – easily startled.                     |

- 0 1 2 35. Irritable – hot tempered, easily angry
- 0 1 2 36. Expresses strange, far-fetched ideas.
- 0 1 2 37. Argues – quarrels.
- 0 1 2 38. Sulks and pouts
- 0 1 2 39. Persists and nags – can't take no for an answer.
- 0 1 2 40. Answers without stopping to think.
- 0 1 2 41. Unable to work independently – needs constant help and attention.
- 0 1 2 42. Uses drugs in company with others.
- 0 1 2 43. Impulsive, starts before understanding what do do – doesn't stop and think
- 0 1 2 44. Tries to dominate others – bullies, threatens.
- 0 1 2 45. Picks at other children as a way of getting their attention – seems to want to relate but doesn't know how.
- 0 1 2 46. Complains about being teased by other children.
- 0 1 2 47. Steals from people outside the home.
- 0 1 2 48. Expresses beliefs that are clearly untrue (delusions)
- 0 1 2 49. Says nobody loves him or her.
- 0 1 2 50. Freely admits disrespect for moral values and laws.
- 0 1 2 51. Brags and boasts.
- 0 1 2 52. Slow and not accurate in doing things.
- 0 1 2 53. Does not finish things – gives up easily – lacks perseverance.
- 0 1 2 54. Is part of a group that rejects school activities such as team sports, clubs, projects to help others.
- 0 1 2 55. Cheats
- 0 1 2 56. Seeks company of older, "more experienced" companions
- 0 1 2 57. Difficulty in making choices – can't make up mind.
- 0 1 2 58. Teases others
- 0 1 2 59. Absentminded – forgets simple things easily.
- 0 1 2 60. Acts like he or she were much younger – immature, "childish".
- 0 1 2 61. Has trouble following directions.
- 0 1 2 62. Will lie to protect his friends.
- 0 1 2 63. Afraid to try new things for fear of failure.
- 0 1 2 64. Selfish – won't share – always takes the biggest piece.
- 0 1 2 65. Uses alcohol in company with others.
- 0 1 2 66. School work is messy, sloppy.
- 0 1 2 67. Not liked by others – is a "loner".
- 0 1 2 68. Cannot stand to wait – wants everything right now.
- 0 1 2 69. Refuses to take directions, won't do as told.
- 0 1 2 70. Blames others – denies own mistakes.

- 0 1 2 71. Admires and seeks to associate with "rougher" peers.
- 0 1 2 72. Squirms, fidgets
- 0 1 2 73. Deliberately cruel to others
- 0 1 2 74. Feels he or she can't succeed.
- 0 1 2 75. Tells imaginary things as though true – unable to tell real from imagined.
- 0 1 2 76. Runs away – is truant from home.
- 0 1 2 77. Openly admires people who operate outside the law.
- 0 1 2 78. Repeats what is said to him or her – "parrots" others' speech.

Please elaborate on any other significant information of which you think we should be aware.

**I/We agree to have my child receive the appropriate assessments at this time.**

**SIGNATURE OF PARENT / LEGAL GUARDIAN** \_\_\_\_\_

**DATE:** \_\_\_\_\_