



Developmental Occupational Therapists

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CHILD INFORMATION / KIND BESONDERHEDE		
Surname / Van :		Name / Naam:
ID Number / ID Nommer:		Date of Birth / Geboorte Datum:
Home Language / Taal:	Gender/ Geslag: <input type="checkbox"/> M <input type="checkbox"/> F	Age / Ouderdom:
PARENT INFORMATION / OUER BESONDERHEDE		
FATHER or GUARDIAN/ PA of VOOG		MOTHER or GUARDIAN/ MA of VOOG
Surname / Van:		Surname / Van:
Full Name / Volle Name:		Full Name / Volle Name:
ID Number / ID Nommer:		ID Number / ID Nommer:
Telephone Number: (H) Telefoon Nommer (W)		Telephone Number: (H) Telefoon Nommer (W)
Cellphone Number: Selfoon:		Cellphone Number: Selfoon:
Email / Epos:		Email / Epos:
Occupation / Beroep: Employer / Werkgewer:		Occupation / Beroep: Employer / Werkgewer:
Physical address / Huis Adres:		
Postal address / Pos Adres:		Code / Kode:
MEDICAL AID INFORMATION / MEDIESE FONDS BESONDERHEDE		
(Please provide a copy of your medical aid card. / Verskaf asb kopie van mediese fonds kaart)		
Name and Surname (Main Member) / Naam en Van (Hooflid):	ID Number / ID Nommer:	Medical Aid / Mediese Fonds:
Medical Aid Package / Mediese Fonds Pakket:	Medical Aid Number / Mediese Fonds Nommer:	Child Dependent Number on Medical Aid:
The above information is true to the best of my knowledge. Permission is hereby given that my child may be evaluated/ treated. I have read the terms and conditions of service and hereby undertake to pay all costs involved as stipulated. I understand that I am financially responsible for any balance. / Die bogenoemde besonderhede is korrek. Hiermee gee ek toestemming dat my kind geevalueer/ behandel mag word. Ek het die terme en voorwaardes nagegaan en onderteken om alle kostes te betaal soos weergegee.		
Signature of Parent/ Guardian: _____		
Date: _____		

Developmental Occupational Therapists
Tel: 072 538 725
Address: 513 Rossouw street, The Willows, Pretoria 0186





Developmental Occupational Therapists

The information below will be treated as confidential.

BACKGROUND INFORMATION AND DEVELOPMENTAL HISTORY			
PERSONAL DETAILS / PERSOONLIKE BESONDERHEDE			
Name and Surname of child / Naam en Van van kind:			
Date of birth / Geboorte datum:			
Age / Ouderdom:			
Gender / Geslag:			
School and Grade (Teacher):			
PREGNANCY AND BIRTH / SWANGERSKAP EN GEBOORTE			
Mother's health during pregnancy / Moeder se gesondheid gedurende swangerskap:			
Did the mother use any medication during the pregnancy? Please provide the reason and medication. / Het moeder enige medikasie gebruik tydens die swangerskap? Gee asb die rede en middel:			
Length of pregnancy (weeks) / Duur van swangerskap (weke):			
Type of delivery (Please indicate) / Tipe verlossing (Merk):	Normal / Normaal <input type="checkbox"/>	Ceasar / Keiser <input type="checkbox"/>	Other / Ander <input type="checkbox"/>
NEONATAL CONDITION / NEONATALE KONDISIE			
Birth weight / Geboorte gewig:			
Apgar score/ Apgar telling:			
Was your infant admitted to NICU for observation/treatment after birth? Please provide the reason and duration of his/her stay? / Was u kind in NICU vir observasie/behandeling na geboorte? Verskaf asb die rede en duur van die admisie:			
Did the mother experience any complications after birth? / Het moeder enige na geboorte komplikasies ervaar?:			
Did mother experience postnatal depression, and receive treatment? (if yes, provide details) / Het moeder nageboorte depressive ervaar, en behandeling ontvang? (indien ja, verskaf inligting):			
Illnesses (if any) / Siektes (indien enige):			



Developmental Occupational Therapists

MEDICAL HISTORY / MEDIESE GESKIEDENIS

Is your child allergic to anything? / Is u kind allergies vir enige iets?

Does your child have any known medical condition? / Het u kind enige mediese kondisie waarvan u bewus is?

How is your child's present state of health? / Hoe is u kind se huidige gesondheid?

Please give details on any childhood illnesses or hospitalizations / Verskaf enige besonderhede oor siektes of hospitalisasies:

Has your child been diagnosed with epilepsy or ever had a seizure? / Het u kind al voorheen 'n epileptiese aanval gehad, of is u kind al voorheen gediagnoseer met epilepsie?

Has your child's eyes been tested? (Please provide the date) / Is u kind se ogies al getoets? (Verskaf asb datum)

Has your child's ears been tested? (Please provide date) / Is u kind se ore al voorheen getoets? (Verskaf asb datum)

Does your child have any speech or language deficit? / Het u kind enige spraak of taal agterstand?

Was your child seen by a specialist in connection with one of the above problems? If so, please give name(s) and contact details of specialist(s). / Is u kind al voorheen deur 'n spesialis gesien in verband met enige van die bogenoemde probleme? Indien, verskaf asb name en kontak besonderhede van die spesialis(te).

Has your child been previously assessed by another occupational therapist? Please provide name of therapist and the date of assessment. / Is u kind al voorheen deur 'n ander arbeidsterapeut geevalueer? Verskaf asb die terapeut se naam en die datum van die evaluasie:

Has your child had previous occupational therapy treatment? Please specify the duration and reason for termination. / Het u kind al voorheen arbeidsterapie behandeling ontvang? Verskaf asb inligting in verband met die duur van terapie en rede vir terminasie:



Developmental Occupational Therapists

DEVELOPMENTAL MILESTONES / ONTWIKKELINGS MYLPALE

At what age did your child reach the following milestones? / Op watter ouderdom het u kind die volgende mylpale bereik?

ROLLING/ ROL:	SITTING/ SIT:	CRAWLING/ KRUIP:	WALKING/ LOOP:	TALKING/ PRAAT:	POTTY TRAINED/ TOILET GEBRUIK:
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Was your child slow to learn the following skills? / Het u kind gesukkel om die volgende vaardighede te bemeester?

- | | | |
|--------------------------------------|--------|--------|
| 1. Hop on one foot/ Hop op een voet: | YES/JA | NO/NEE |
| 2. Skip/ Touspring: | YES/JA | NO/NEE |
| 3. Ride a tricycle/ Fiets ry : | YES/JA | NO/NEE |

Did you have any concerns regarding his/her early development? / Het u enige bekommernisse gehad tydens hom/haar vroeë ontwikkeling?

FAMILY HISTORY / FAMILIE GESKIEDENIS

Marital status of parents (mark below)/ Huwelik status van ouers (merk onder):

Singel/ Ongetroud <input type="checkbox"/>	Married/ Getroud <input type="checkbox"/>	Seperated/ Vervreem <input type="checkbox"/>	Divorced/ Geskei <input type="checkbox"/>	Widowed/ Weduwee <input type="checkbox"/>
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If separated/ divorced, how old was he/she when this occurred? With whom does your child live? / Indien vervreem/geskei, hoe oud was hy/sy toe die gebeur het? By wie is u kind woonagtig?

How often does your child see the other parent? / Hoe gereeld sien u kind die ander ouer?

Does your child have any siblings? (Please give gender and ages) / Het u kind enige boeties of sussies? (Verskaf asb geslag en ouderdomme)

Is there any history of learning difficulties or other medical conditions in the family? / Is daar 'n geskiedenis van leerprobleme of enige mediese kondisies in die familie?

Describe your child's relationship with / Beskryf u kind se verhouding met:
Parents / Ouers:

Siblings / Boeties en sussies:

Does your child's behaviour at home differ significantly from his/ her behaviour at school? / Verskil u kind se gedrag tuis met sy/haar gedrag by die skool?

What are your child's interests and hobbies? / Wat is u kind se belangstellings en stokperdjies?



Developmental Occupational Therapists

SOCIALISING / SOSIALISERING				
Describe your child's personality. / Beskryf u kind se persoonlikheid:				
Extrovert / Ekstrovert <input type="checkbox"/>	Introvert / Introvert <input type="checkbox"/>	Skaam / Shy <input type="checkbox"/>	Aggressive/ Aggresief <input type="checkbox"/>	Friendly/ Vriendelik <input type="checkbox"/>
Is your child able to socialize individually and in a group? / Is u kind instaat om individueel asook in groep te sosialiseer?				
How does he/she socialize with peers? / Hoe sosialiseer u kind met maats?				
SCHOOLING / SKOOL				
Does your child experience any difficulties at school? / Ervaar u kind enige probleme by die skool?				
Does your child struggle to sit still at a desk? / Sukkel u kind om stil te sit by die tafel?				
Does your child confuse his/ her left and right hand? / Verwar u kind sy/haar linker en regterhand?				
Is there confusion as to which hand is dominant? / Is daar verwarring met die dominante hand?				
REASON FOR REFERRAL / REDE VIR VERWYSING				
WHO/ WIE:				
WHY/ HOEKOM:				
ADDITIONAL INFORMATION / ADDISIONELE INFORMASIE				

SIGNATURE OF PARENT/ GUARDIAN

HANDTEKENING VAN OUER/ VOOG : _____

Thank you for your cooperation in filling out this form.
Dankie vir u samewerking in die voltooiing van die vorm.



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CONDITIONS OF SERVICE DELIVERY

I, _____ (full names), ID NO: _____

HOME ADDRESS: _____

The undersigned, hereby agrees to the following conditions of service delivery:

1. The therapist will inform me if any information, whether written or verbal, is to be obtained or disclosed and I give my consent to the therapist:
 - To obtain or disclose confidential information when it is regardse to be in the interest of myself or my family.
 - If necessary, to discuss my case with other professionals and/or provide the necessary reports/information to them.
2. I acknowledge that the therapist is independent and solely responsible and liable for her professional services/behaviour as a specialist in private practice.
3. I hereby indemnify the independent therapist from any claims that may arise due to any loss or damage to me and/or my family and/or my property during and after service delivery.
4. I have received the prescribed tariffs and/or written quote and undertake the payment thereof. If the fees are not paid by me and legal action must be taken against me for the recovery of any amounts outstanding, I agree that I will pay any costs incurred for the recovery thereof on a scale between attorney and client as well as the cost of debt collectors.
5. I am personally responsible for the settlement of this account, irrespective of whether I am a member of a medical scheme or not. In the case of a divorce between parents, the person signing this agreement remains personally liable for the payment of the account.
6. Appointments not cancelled 24 hours in advance may be charged.
7. I select the home address set out on this agreement as my domicillum ciandi et executandi adress.

I declare herewith that the information supplied above is true and correct and that I accept liability for payment of this account and that I have further more acquitted myself with the aforementioned terms and conditions and agree hereto.

FULL NAME: _____ DATE OF BIRTH: _____

SIGNATURE (parent/guardian): _____