

# Pre-Consultation Questionnaire

## For parents/carers seeking consultation for their child/children

Please complete this form to the best of your ability and knowledge.

### Personal Details

**Name of child:**

**Date of Birth:**

**Gender:**

Male

Female

**Postal address:**

**Telephone number:**

### Registration with a General Practitioner

**Who is your family GP?**

**Postal Address:**

**Telephone number:**

**I give consent for you to contact my GP.**

Yes    No

## **Tell me about the problem**

**Briefly describe the problem for which you are seeking consultation.  
You can write whatever you feel would help me understand your situation, but do try to end by summarising your top three concerns.**

**What do you hope the consultation will do or achieve, in relation to the concerns you have described above?**

**Have you tried anything else to improve matters?  
If so, please give some details:**

Yes    No

**Are any other professionals involved in helping you with the child?  
If so, please give some details:**

Yes    No

## Education

**Does the child have any known difficulties with learning or development?**

Yes No

**If yes, please describe:**

**Does the child attend mainstream school?**

Yes No

**Does the child require any extra support for learning or behaviour in school?**

Yes No

**If yes, please describe:**

## Friendships and Interests

**How well does the child make and keep friendships?**

**Is there any history of being bullied or bullying others?**

Yes No

**What are the child's interests and hobbies?**

## **Child Health Background**

**Were there any problems that you know of, in the pregnancy and early development of the child?**

Yes No

**If yes, please describe:**

**Does the child have any health problems (current or in the past)?**

Yes No

**If so has this involved any regular medication or treatment appointments (please outline)?**

**Does the child have any known mental health problems?**

Yes No

**If so has this involved any regular medication or treatment appointments (please outline)?**

**How well does the child sleep and eat?**

**Has the child suffered any trauma, important change or loss, which may be affecting him/her?**

Yes    No

**If yes, please describe:**

**Do other members of the family have any current or previous health problems?**

Yes    No

**If so has this involved any regular medication or treatment appointments (please outline)?**

**Do other members of the family have any current or previous mental health problems?**

Yes    No

**If so has this involved any regular medication or treatment appointments (please outline)?**

## Home and Employment Situation

**Briefly describe your home circumstances**

**(e.g. Married or single? Who else lives at home? How happy are you where you live?)**

**Briefly describe the employment status for adults living at home, with details of the responsibilities and hours this involves.**

## General Information

**Anything else you feel the consultant should know, that hasn't already been asked about?**

## Payment Preferences

**I would like to pay for sessions in the following way:**

Credit/Debit Card  
Sterling Cheque  
Postal Order  
Bank money transfer

**Your Full Name (capitals)** .....

**Signature** .....

**Date** .....