



Child Registration Form (CRF)

Child details:

Date: _____

Name: _____

DOB: _____ Chronological age: _____

School/Pre-School _____

Medical issues/Allergies _____

Existing diagnosis (if any): _____ Date of assessment: _____

GP name and contacts: _____

First Language _____

Family details:

Parent/Carer name (1) _____

Relationship to child _____ First Language _____

Address: _____

Telephone: _____ Email: _____

Parent/Carer name (2) _____

Relationship to child _____ First Language _____

Address: _____

Telephone: _____ Email: _____

Services you require:

Speech&Language Therapy

Play Therapy

Drama Therapy

Occupational Therapy

Music Therapy

Psychology Services

Nutritional Therapy

Art Therapy

Not Sure

We can contact you to arrange appointments: by email by phone by post

We can contact you to send all relevant documents: by email by post

Background History

Who does your child live at home with?

Sibling Name	Gender	Age	Any developmental difficulties/diagnosis?

Any family history of developmental delays or disorders?

Developmental/Medical History

Pregnancy (e.g. any complications): _____

Birth (e.g. length of gestation, birth weight, any complications at birth): _____

Has your child had their hearing tested? YES NO

Results: _____

Has your child had any previous hospitalisations: YES NO

If Yes, please explain: _____

Does your child suffer from any of the following:

Epilepsy: YES NO

Ear infections: YES NO

Tonsillitis: YES NO

Chest infections: YES NO

Any other illness: YES NO If Yes, please explain: _____

Does your child take any regular medications: YES NO

If Yes, please list: _____

Milestones

At what age did your child crawl? _____

At what age did your child walk? _____

Is your child toilet-trained? _____

Did your child babble when she/he was a baby? _____

Speech, Language and Communication

Is your child verbal? _____

**Please answer the following to the best of your ability relevant to your child's level of speech and language*

At what age did your child say their first word? _____

What was your child's first word? _____

At what age did your child start joining words together to make phrases/sentences? Any examples?
 (e.g. "mammy drive"; "car go"; "I want a drink") _____

Do you find it easy to understand what your child is saying? (i.e. speech sounds) _____

Do non-family members or other unfamiliar listeners understand what your child is saying? (i.e. speech sounds) _____

Can you have a to-and-from conversation with your child? _____

Did your child ever lose speech, language or communication skills after acquiring them i.e. regression of skills? _____

How does your child communicate with you now? (vocalisations, gestures such as pointing, pulling your clothes/by hand etc) _____

How does your child let you know if they want or need something, or get your attention? _____

Does your child use any form of Alternative and Augmentative Communication (AAC)? (e.g. core board, device, PECS, Lámh etc) _____

Can your child follow instructions at home? (put on your coat/get your shoes/turn on the tv)? _____

Do you ever think your child has trouble listening or understanding what you or others are saying?

Has your child ever attended any therapy before (Play Therapy, Art Therapy etc.)?

YES NO

If yes, please explain: _____

Has your child ever attended any other professional such as speech and language therapy, occupational therapy or psychology? YES NO

If Yes, please explain: _____

What are your main concerns about your child's speech, language, communication?

When did you first notice these concerns? _____

Have you any other concerns about your child's development?

Educational History

Does your child attend preschool/primary school? YES NO

If yes, where and what class? _____

Does your child attend mainstream school? YES NO

If no, please provide details: (e.g. ASD unit, early intervention class, home tuition etc.)

Current teacher: _____

Does your child receive any additional support at school? YES NO

If yes, details: _____

Additional Information

What country was your child born in? _____

What language is spoken at home? _____

Does your child display any sensory aversions? (e.g. brushing teeth/washing hair/cutting hair/bathing etc) _____

Does your child get easily upset over something small/ever have meltdowns? YES NO

If Yes, please explain: _____

Do you have any concerns about your child's social skills and peer interactions?

YES NO

Please explain: _____

Is your child a fussy eater? Any food preferences/aversions? _____

Does your child feed themselves or do they need help? (use of fingers/cutlery etc.)

Does your child ever cough or get very distressed while eating and drinking?

Does your child drool? _____

Are there any songs/tv shows/movies/cartoons or more that your child really enjoys or is motivated by?

Any other information that might be beneficial to the therapist?

Confidential

1. Confidentiality

Usually specific details of the Client's therapy will be confidential. The Client may choose to share information about the sessions but Sensory Space will not share any details. Sensory Space do not share information with any other person or agency without agreement from the Client, except when it is required by a court of law or a local authority, or if we believe that the client is at risk. We will agree a Circle of Confidentiality so that Sensory Space knows who else can receive information about Client's therapy and how the information will be passed on. Our child and client's protection policy will be followed at all times.

2. Reviews

We will meet to review the Client's progress and discuss how best to meet their needs. At Sensory Space, the therapist will not tell you the details of the Client's therapy but they will share the themes and patterns with you where applicable so that you can best care for the Client's needs at home. A review about the Client's therapy is also a time for you to bring any concerns you have about yourself, your child (where applicable) and the therapy. You are welcome to bring a friend or relative with you to reviews, however Sensory Space should be informed prior to the review.

3. Professionals' meetings

Your child and your family may be receiving support from other professionals too such as Social Care, School pastoral manager, or an Adoption Agency. Sensory Space will try to attend any professionals' meetings that are planned and to give a verbal or written report. Usually, we will have already agreed in the Circle Of Confidentiality who the other professionals are.

4. Notes and reports

At Sensory Space, Therapists keep notes about Clients for a supervision. At the end of the Client's therapy, Therapists will write a short summary report (if required). Sometimes other services or agencies such as social services, CAMHS or your doctor may request a report. We will always inform you about this and gain your permission before sending a report to anyone outside the agreed Circle of Confidentiality. We will not share notes or reports without your consent unless required to by law.

5. Clinical supervision

At Sensory Space all our Therapists, are required to receive regular clinical supervision so that they can discuss and reflect on cases. This is to maintain good practice & safeguarding.

6. Complaints

If the Client is not happy with the service, we will invite the Client to discuss the issues with our Supervisor or Manager in Sensory Space.

7. Absences

It is important that the Client's therapy takes place every week. Please contact Sensory Space by email / text / phone if the Client is unable to attend a session. We will try to reschedule the session within the agreed timeframe with our Therapist. We will give 24 hours notice If we need to reschedule the session.

8. Referrals

Sensory Space may need to refer the Client for further assessment or a different type of therapy with someone else. We will discuss the reasons for this with the Client.

9 . Fees Policy

Fees are made directly to Sensory Space and are subject to payment terms and conditions.

10. Timekeeping

Client's Therapy sessions will be booked a week in advance and will take place in Sensory Space in Drogheda. Please arrive on time for your appointment as scheduled. The Client will arrive 5 minutes before the therapy. If the client is under the age of 18, the person picking up the client must be present at Sensory Space 5 minutes prior to the close of the session. In an event of late attendance, unfortunately session time cannot be made up.

11. No-Show and Cancellation Policy

Please make every effort to attend all appointments.
 For cancellations more than 48 hours there is no cancellation fee.
 For cancellations more than 24 hours there is a fee of 50 Eur.
 For no-shows and cancellations less than 24 hours the fee is full price of the therapy.

I, _____, understand and agree with Sensory Space no-show and cancellation policy.

Consent Form for Therapy

I agree for my child to attend therapy (Speech&Language Therapy, Occupational Therapy, Music Therapy, Play Therapy, Art Therapy, Drama Therapy, Psychology services) in Sensory Space.	YES	NO
I have read, understand and been given a copy of the cancellation policy and agree to the terms of the contract.	YES	NO
I understand that any information used will remain confidential, and that no identifying information will ever be used or published.	YES	NO
I agree for my child to be video/audio recorded during music therapy sessions*	YES	NO

*Music Therapy Only

Parent/Guardian (1) Printed Name

Signature

Parent/Guardian (2) Printed Name

Signature

Date _____



Thank you for choosing Sensory Space

How did you hear about us?

- | | | |
|---|--|--|
| <input type="checkbox"/> Social Media | <input type="checkbox"/> GP/Nurse | <input type="checkbox"/> Existing Client |
| <input type="checkbox"/> Newspaper/Brochure | <input type="checkbox"/> Friends/Family | <input type="checkbox"/> Sensory Space Staff |
| <input type="checkbox"/> Teacher/School | <input type="checkbox"/> Online/Google Search Engine | <input type="checkbox"/> Other |

Please return the completed form by post to:

Sensory Space
Unit 5
Dublin Road
Drogheda
Co. Louth A92 XE86

Alternatively, scan and email to: **info@sensoryspace.ie**

If you have any queries, please phone: **041 980 3307**