autism south africa
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Assessment Application Questionnaire

Name of Child: _____
Date of Birth: _____/_____/_____

Mother		**FATHER**	
Name		Name	
Occupation		Occupation	
Tel numbers		Tel numbers	
email		email	
Street Address		Street Address	
Postal address		Postal address	

Referring Person: (Who referred you for an Autism Assessment?)

Name: _____
Contact #: _____
E-mail: _____
What investigations have they done? What makes them concerned?

Please bring a report from your doctors and therapists and the results of any investigations that they may have done to the assessment.

What questions would you like to have answered by the assessment?

Why are you concerned about your child? What behaviours worry you?

When did you first become concerned?

How is your child developing?

Speech
Physical Skills e.g. walking and using hands
Emotionally:

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Background :

Your pregnancy?
The birth of the baby (please bring your clinic card to the assessment)
Has your child had any medical problems?
Are there any family members with neurological, psychiatric or medical problems?

Is there anything else which you want to share about your child?

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