**Initial Enquiry Form**

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| **Parent/Carer’s name:** |
| **Child’s name:** | **Sex F/M** |
| **D.O.B.**  | **Age:** |
| **Address:** | **Telephone:**  |
|  | **Mobile:** |
|  | **Email:** |
| **Postcode:**  |  |
| **School:** | **Mainstream/special school**  | **Year group:** |
| **Diagnosis:**  |  |
| **How did you hear about Tree Tops?** |  |

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| **Please tell us about your main concerns. Comment on your child’s ability with** |
| **GROSS MOTOR** |
| Running |  |
| Riding a bike (with or without stabilisers) |  |
| Throwing/catching |  |
| Participating in sport / PE |  |
| General Co-ordination |  |

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| **FINE MOTOR** |
| Using scissors |  |
| Using/playing with construction toys |  |
| Drawing |  |
| Handwriting(grip etc) |  |
| **FUNCTIONAL** |
| Fastening buttons |  |
| Tying shoelaces |  |
| Dressing themselves |  |
| Using cutlery |  |
| **SCHOOL** |
| Are they keeping up with their peers – reading, writing, maths? |  |
| Do they struggle to stay focused? |  |
| Do they get their work completed in the allocated time? |  |
| Do they achieve better on some days than others? |  |
| Do they have behavioural problems? |  |

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| **SENSORY ISSUES** |
| Do they seek out stimulation? |  |
| Do they have an aversion to any particular sights, smells, noises or textures? |  |
| Do they struggle being close to other? |  |
| General  |  |
| **FEEDING** |
| DietChewingGeneral |  |
| **SLEEP** |
| Sleep patternRoutine General |  |
| **ANY OTHER COMMENTS?** |
|  |

**For office use only:-**

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|  | **Actioned** |
| **Take email address** |  |
| **Permission to send literature** |  |
| **TT website mentioned** |  |
| **TT Facebook mentioned** |  |
| **PSG mentioned** |  |
| **Added onto database** |  |
| **TT to ring back** |  |
| **Client to ring back** |  |

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|  | **Date** | **Agreed** |
| **Contacted TT** |  |  |
| **Quoted** |  |  |
| **Accepted** |  |  |
| **Booked into diary** |  |  |
| **Letter sent** |  |  |
| **Invoiced** |  |  |
| **Comments** |