|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **注册信息** | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **重要提示：儿童姓名及家长姓名必须与证件所示一致** | | | | | | | | | | | | | | 儿童姓名： |  | | | 填表日期： | | |  | | | | | | | | 填表人： |  | | | 与儿童关系： | | |  | | | | | | | | 性别： | 男 | | 女 | 儿童国籍： | | |  | | | | | | | | 年龄： |  | | | 民族： | | |  | | | | | | | | 出生年月 (年/月/日) |  | | | 儿童证件号： | | |  | | | | | | | | 出生地： |  | | | 现居住城市： | | |  | | | | | | | | 儿童喜欢的称呼： |  | | | 移居时间（年/月/日）： | | |  | | | | | | | | 家庭地址： |  | | | | | | | | | | | | | 儿童的儿科医生/ 主治医生： |  | | | | | | | | | | | | | **父亲信息** | | | | | | | | | | | | | | 姓名： |  | | | 主要联系人： | | 是 | | | | | 否 | | | 邮箱地址： |  | | | 雇主公司名： | |  | | | | | | | | 手机号： |  | | | 职业： | |  | | | | | | | | **母亲信息** | | | | | | | | | | | | | | 姓名： |  | | | 主要联系人： | | 是 | | | | | 否 | | | 邮箱地址： |  | | | 雇主公司名： | |  | | | | | | | | 手机号： |  | | | 职业： | |  | | | | | | | | **其他 / 监护人信息** | | | | | | | | | | | | | | 姓名： |  | | | 主要联系人： | | 是 | | | | | 否 | | | 邮箱地址： |  | | | 雇主公司名： | |  | | | | | | | | 手机号： |  | | | 职业： | |  | | | | | | | | 与儿童关系： | |  | | 法定监护人： | | 是 | | | | | 否 | | | **语言和学校信息** | | | | | | | | | | | | | | 孩子初学说话时学习的是哪种语言？ | | | | |  | | | | | | |  | | | | 孩子在家与成人最频繁使用哪种语言？ | | | | |  | | | | | | |  | | | | 在您家里成人间最频繁使用哪种语言？ | | | | |  | | | | |  | |  | | | | 您最常跟孩子说哪种语言？ | | | | |  | | | | | | |  | | | | 孩子在学校使用哪种语言？ | | | | |  | | | | | | |  | | | | 就读学校： | | | | | | | | | 年级： | | | | |  | | | | | | | |  |  | | | | | **家庭成员一般情况** | | | | | | | | | | | | | | 兄弟姐妹 – 请写明姓名及年龄 | | | | | | | | | | | | | |
| **儿童信息** |
| **儿童信息** | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **强项和兴趣** | | | | | | | | | | | | | | 您孩子有哪些强项？ | | | | | | | | | | | | | | 您欣赏孩子的哪些特质？ | | | | | | | | | | | | | | 您的孩子喜欢哪些激励/鼓励方式？ | | | | | | | | | | | | | | 您孩子有哪些兴趣爱好？ | | | | | | | | | | | | | | **社交和感觉** | | | | | | | | | | | | | | 您孩子对以下刺激是否有过敏或低敏反应？ 气味 触碰 声音 光线 运动 | | | | | | | | | | | | | | 请描述： |  | | | | | | | | | | | | | 您的孩子是否： | | 害羞 | | | | 善社交 | | | | 其他 | | | | 若有其他，请描述： | |  | | | | | | | | | | | | 您的孩子有朋友吗？ | | | 有，多数同龄 | | | | | 有，多数成人 | | | 没有 | | | **转介人** | | | | | | | | | | | | | | 转介人是谁？ | | | |  | | | | | | | | | | 您是否同意我们联系转介人以获得额外信息/说明？ | | | | | | | | | | 是 是 | | 否 | | 若是，请提供姓名： | | | |  | | | 联系信息： | |  | | | | | 您是否同意此次转介？ | | | | 是 | 否 | | 若否，请说明原因： | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | 学校老师对孩子的注意力、行为、运动技能或学业方面有担忧吗? 请描述： | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **转介信息** |
| |  |  | | --- | --- | | |  | | --- | | **主要担忧领域** |   您是否担忧您孩子的… |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | 发音能力？ | | 是 | 否 | 有一些 | | 语言沟通能力？ | | 是 | 否 | 有一些 | | 语言理解能力？ | | 是 | 否 | 有一些 | | 使用双手和手指的能力？ | | 是 | 否 | 有一些 | | 使用双臂和双腿的能力？ | | 是 | 否 | 有一些 | | 日常行为表现？ | | 是 | 否 | 有一些 | | 与他人相处的能力？ | | 是 | 否 | 有一些 | | 学习自理能力？ | | 是 | 否 | 有一些 | | 学龄前或学龄阶段的学习技能？ | | 是 | 否 | 有一些 | | Comments： |  | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **发育史** | |  |  |  |  | | --- | --- | --- | --- | | **特定诊断** | | | | | 您的孩子有任何特定诊断吗？ | | | | |  | | | | | 请详细描述您近期最担忧孩子的症状有哪些： | | | | |  | | | | |  | | | | | 您的孩子是否使用任何适应性设备？ | | 是 | 否 | | 若是，请列出设备： |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **出生记录** | | | | | | | | | | | | | | | | | | | | | | 早产 | | | 分娩并发症 | | | | | | 产后并发症 | | | | | | | 无并发症 | | | | | | 孩子出生后的健康状况？ | | | | | | 非常好 | | | | | | 良好 | | | | | 一般 | | | | | 评论： | | | |  | | | | | | | | | | | | | | | | | | 您孩子是否领养？ | | | | 是 否 | | | | 请说明领养年龄？ | | | | | | |  | | | | | | | **药物 / 过敏** | | | | | | | | | | | | | | | | | | | | | | 您孩子是否接受过任何药物治疗或服用维他命？ 是 否 | | | | | | | | | | | | | | | | | | | | | | 若是，请列出剂量及频率： | | | |  | | | | | | | | | | | | | | | | | | 您的孩子有过敏或敏感现象吗？ | | | | | | | | | | | | | | | | | | | | | | 是（药物） | | | | 是（食品） | | | | | | | 是（其他） | | | | | | | | | | | 若是，请详细描述： | | | |  | | | | | | | | | | | | | | | | | | **发育里程碑** | | | | | | | | | | | | | | | | | | | | | | 回应母亲 (0-1个月) | | | | | | | 延迟 | | | | | | 正常 | | | | | | 不知 | | | 独坐 (6-11个月) | | | | | | | 延迟 | | | | | | 正常 | | | | | | 不知 | | | 用食指做指向 (8-12个月) | | | | | | | 延迟 | | | | | | 正常 | | | | | | 不知 | | | 独走 (11-15个月) | | | | | | | 延迟 | | | | | | 正常 | | | | | | 不知 | | | 说第一个词 (9-13个月) | | | | | | | 延迟 | | | | | | 正常 | | | | | | 不知 | | | 搭配词语 (15-28个月) | | | | | | | 延迟 | | | | | | 正常 | | | | | | 不知 | | | **听力 & 视力** | | | | | | | | | | | | | | | | | | | | | | 最近一次听力测试的日期： | | | |  | | | | | | 最近一次视力测试的日期： | | | | | | | |  | | | | 正常 | | 不正常 | | | 不知 | | | | | 正常 | | | | 不正常 | | | | | | 不知 | | 若不正常，请详细描述： | | | |  | | | | | | 若不正常，请详细描述： | | | | | | | |  | | | |  | | | | | | | | | |  | | | | | | | | | | | | **请在方框内打勾表示您的孩子已经接受了相关的评估、治疗或咨询，如可能请注明日期。**  **请您附上与评估内容相符的报告副本，并敬请补充说明 。** | | | | | | | | | | | | | | | | | | | | | | 评论： |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **治疗和沟通偏好** | |  |  |  |  | | --- | --- | --- | --- | | **治疗偏好** | | | | | 您是否需要特定的服务？请勾选所有符合的项目： | | | | | 发育行为儿科 | | 物理治疗 | | | 言语语言治疗 | | 心理/心理教育评估 | | | 喂养/吞咽 | | 心理治疗/咨询 | | | 作业治疗 | | 学习支持/特殊教育 | | | 行为治疗/应用行为分析 | | 听力训练 | | | 诊断/诊断评估 | | 不清楚，我需要更多的信息做决定 | | | 您是否需要预约某位特定的医师或专家？ 是 否 | | | | | 若是，请提供详请： |  | | | | **沟通偏好** | | | | | 您授权长和大蕴通过邮件方式与您交流治疗情况： 是 否 | | | | | 您是否愿意收到我们的定期邮件？ | | | 是 否 | | 若是，请提供邮箱地址： | | |  | | 您是否愿意通过短信接收信息及预约提醒： 是 否 | | | | | 若是，请提供手机号码： | | |  | | 您如何得知长和大蕴？ | | |  | |
| *感谢您完成此份表格；我们会尽快联系您。我们保证您提供的个人信息的安全性。* | |