**展翅飞翔： 家庭协助项目SOAR Family Support Services［cover sheet］**

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| **Child’s name:**  **Nickname:** | | **DOB:**  **Child’s age at first visit:** | | **Referred by:**  **Date of first visit:** |
| **Parents:** | **Mother:** | | **Father:** | |
| **Notes:** | | **Notes:** | |
| **Other significant family members:** | | | | |
| **Diagnosis/reason for referral:** | | | | |
| **Birth and Medical History:** | | | | |
| **Visit #1**  **Date: Location: Who was present:**  **Summary and recommendations (include resources recommended, sold or given):**  ***Developmental and behavioural:***  ***Physio:***  ***Speech:***  ***OT:*** | | | | |

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| --- |
| **Visit #2**  **Date: Location: Who was present:**  **Summary and recommendations (include resources recommended, sold or given):**  ***Developmental and behavioural:***  ***Physio:***  ***Speech:***  ***OT:*** |
| **Visit #3**  **Date: Location: Who was present:**  **Summary and recommendations (include resources recommended, sold or given):**  ***Developmental and behavioural:***  ***Physio:***  ***Speech:***  ***OT:*** |
| **Visit #4**  **Date: Location: Who was present:**  **Summary and recommendations (include resources recommended, sold or given):**  ***Developmental and behavioural:***  ***Physio:***  ***Speech:***  ***OT:*** |

**Child’s name**: