Vantaan ja Keravan hyvinvointialue
Vanda och Kervo välfärdsområde

Preliminary information for rehabilitation and psychologist services

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The aim of this questionnaire is to get information about the child's development and how the family's everyday life is going. The parents' view of the child and their behaviour is an important part of the assessment. The information you share will only be processed by healthcare professionals, who all have an obligation to professional secrecy.

CONTACT INFORMATION

The child's name

Personal identity code

Address, postal code and town

Mother's name

Phone number

Address (if not same as child)

Profession

Father's name

Phone number

Address (if not same as child)

Profession

Custody

☐ shared custody ☐ sole custody ☐ other guardian, who

Names and years of birth of siblings and others who live with the family (half siblings, other adults, and so on)

What languages do you speak in your family?

☐ Finnish ☐ Swedish ☐ other, what/which

DAYCARE/SCHOOL

☐ home ☐ club ☐ daycare ☐ other, what _____ age of child at start _____ yr/mo

Name of childcare unit, group and contact person

School and teacher's contact information

School support measures

THE CHILD'S EARLY STAGES AND DEVELOPMENT

Was there anything exceptional or did anything cause particular concern during pregnancy or labour?

☐ no ☐ yes, what _____

What was the child's condition after birth?

☐ good ☐ abnormal, how _____

Birth weight and health score (Apgar score) _____

Were there any concerns about the child in infancy?

☐ no ☐ yes, what _____

In infancy, how did breastfeeding and eating go?

☐ normal ☐ other, how _____

Has the child continued drooling after infancy? ☐ no ☐ yes

How much did the child vocalize and babble in infancy? ☐ a lot ☐ some ☐ a little

First words _____ yr/mo

First sentences _____ yr/mo

Child learned to crawl _____ yr/mo

Child learned to walk _____ yr/mo

The child is: ☐ right-handed ☐ left-handed ☐ handedness not established

Does the child have any pre-existing conditions or disabilities, such as heart disease, cleft palate, allergy?

☐ no ☐ yes, what _____

How often has the child been ill, what and when, for example ear infections, asthma, head or bellyaches?

☐ rarely ☐ often, what _____

Does the child have regular or intermittent medication?

☐ no ☐ yes, what _____

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DEVELOPMENTAL ISSUES IN THE FAMILY

Have there been developmental issues or disabilities in the family or in close relatives, who?

- ☐ speech delay
- ☐ developmental language disorder
- ☐ stuttering
- ☐ dyslexia
- ☐ learning difficulties
- ☐ motor skills disorder
- ☐ difficulty concentrating
- ☐ other, what?

Have there been any changes or crises affecting the child's life in the family or extended family (such as separation or divorce, serious illness, death)

☐ no ☐ yes, what

FOLLOW-UP AND SUPPORT MEASURES FOR THE CHILD'S DEVELOPMENT

Earlier and current medical examinations and rehabilitation (such as speech, occupational, physical and medical nutrition therapy, psychologist, school readiness assessment, family counselling clinic, specialized healthcare). When, where and name of therapist or similar

Does your family receive other kinds of support?

☐ no ☐ yes, what

THE CHILD'S DAILY ACTIVITIES

How does the child act during meals?

How does the child act while dressing and undressing?

How well does the child fall asleep and stay asleep?

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How does the child act during transfers?

How does the child react to being separated from the parents (such as being left at daycare?)

How does the child express different feelings (such as joy, frustration, fear)?

How does the child play (what games, concentration, does the child switch from game to game often, how long do they play for, and so on)?

Who does the child play with and how do they play?

What kind of interests or hobbies does the child or your family have (such as games, toys, music, drawing, outdoor activities, ball games, biking)?

How much time does the child spend watching television/playing video games/using a computer?

What are the child's physical abilities like (such as stairs, climbing, swings, biking, swimming)?

How does the child act in a group (such as in daycare, the yard, the park)?

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What is the child's personality like (such as the child's strengths, what do they enjoy, what do they avoid)?

CURRENT SITUATION

Reasons why you were directed to our services

On a scale from 1 to 10, how worried are you about your child's situation?
(1 = not worried, 10 = very worried)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

What kind of support and help would you like to get for your child and your family?

On a scale from 0 to 5, what do you think of your family's current resources?
(0 = inadequate, 5 = adequate)

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Does your family have access to a support network to help you in your everyday life?

☐ no ☐ yes

MORE INFORMATION

More information / other necessary information / something more I'd like to share

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DATE AND SIGNATURE

Date	Signature and clarification of signature

The information in this form will be stored in the Vantaa and Kerava wellbeing services county's health centre patient data register. The Vantaa and Kerava wellbeing services county's health centre patient data register is a part of the Uusimaa region's health services' temporary right to information in accordance with § 64 in the Act on the Implementation of the Reform of Health, Social and Rescue Services and on the Entry into Force of Related Legislation (616/2021). The temporary right to information corresponds to the obsolete joint register for hospital districts. The wellbeing services counties in the Uusimaa region, the City of Helsinki, and the HUS Group have the right to disclose and view patient data between counties based on the information about Kanta services. Health centres in the Vantaa and Kerava wellbeing services county are the data controllers for patient data and documents created within their own operations.

The data in the register are confidential. Professionals with access to process and view data have an obligation to observe secrecy. Only professionals who are involved in the patient's care or related tasks at the relevant operational unit or on its behalf may process patient data.

The privacy notice of the patient registry can be read on the website **vakehyva.fi/fi/henkilotietojen-kasittely** (in Finnish).

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