

PERSONAL DETAILS

CHILD'S DETAILS

Child's Name			
Date of Birth		Age	
Home Language			
School Attending			
Grade			

PARENT'S DETAILS

Mother's Name			
Contact details	Cell		Other
E-mail address			
Father's Name			
Contact details	Cell		Other
E-mail address			

MEDICAL AID DETAILS

Are you claiming?	Yes		No	
Medical Aid Scheme		Medical Aid Number		
Main Member Name				
Codes to claim	<i>[For admin use only]</i>			
General Practitioner		Telephone		

How do you understand your child's difficulties and challenges?
Goals and Objectives for Group Therapy
What, if any medication, is your child on?

Please return to Bridget O'Farrell: Email ofhc@mweb.co.za