



Skilled Kids Occupational Therapy

Occupational Therapy and Consulting for Children

T: 604 921 4853 - F: 604 921 4883 - E: ot@skilledkids.com - W: www.skilledkids.com

Director: Mahshid Hosseini, Msc.OTR

SOCIAL THINKING GROUP REGISTRATION

DATE:

How did you hear about us?

Child's Name	School/Pre-school
Date of Birth Gender	Grade
Home Address	e-mail
Pediatrician/ family Physician name	Pediatrician/ family Physician phone number

NAME OF PARENT(S) OR GURARDIAN:

Mother

Phone: (H)
(W)

Address:

Postal Code:

Father

Phone: (H)
(W)

Address:

Postal Code:

Guardian

Phone: (H)
(W)

Address:

Postal Code:

Home e-mail contact:

Language spoken at child's home:
Is English understood by parent/guardian?



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Is there a private OT currently working with the child? If Yes, Name:

DIAGNOSIS: (Medical and/or Educational)

MEDICAL HISTORY:

REASONS FOR REFERRAL: (please be specific)

What are the primary concerns and how do they interfere with every day and/or classroom activities?

Child's strengths:

Please fill out this form and email it to info@skilledkids.com. We will confirm receipt of your registration on Tuesday or Wednesday. We prefer at least two weeks notice of registration, so please register at your earliest convenience. Thank you!