



# Advance Institute for The Scotson Technique

Registered Charity: 1026049

## Parents' Information prior to the First Evaluation

DATE:.....

### **PART 1** Please complete clearly

Full Name(s) of both Parents:.....

Address:.....

.....

Telephone no. work: ..... Telephone no. home: .....

Mob/Tel no. mother: ..... Mob/Tel no. father: .....

E-mail address: .....

Occupation: Mother .....Father .....

Name of Child: .....

Age: ..... Date of Birth: ..... Gender:.....

Diagnosis: .....

Was your child premature?.....Was your child ever on a ventilator?.....

Did the mother have any illness or stress during pregnancy?.....

Symptoms: (Please circle)

Structural      Motor      Cognitive      Behavioural      Seizures      Digestive

What therapies have you used so far? .....

What is the first change you would like to see in your child? .....

How did you find us? (Please circle)

Word of mouth      TV/radio      Newspaper      Magazine      From family of child      Internet      Medical

- Can you commit yourself to a 1 to 2 hours daily programme? .....
- Can you commit approximately 3 years to your child's rehabilitation?.....
- Does your child attend school? .....
- How long does your child spend daily sitting:..... lying on the back .....
- lying on the stomach ..... other (please state).....

**PART 2**

*Parents' observations* please tick column – if not appropriate, leave blank:

<b>Structural abnormality</b>	<b>Severe</b>	<b>Poor</b>	<b>Moderate</b>	<b>Mild</b>	<b>Normal</b>
<b>1. Shoulder Blades</b>					
<b>2. Chest</b>					
<b>3. Cervical Spine (Upper)</b>					
<b>4. Thoracic Spine (Middle)</b>					
<b>5. Lumbar Spine (Lower)</b>					
<b>6. Abdomen</b>					
<b>7. Pelvis</b>					
<b>8. Limbs</b>					

**Functional ability:**

Can your child?

	<b>Not at all</b>	<b>Poorly</b>	<b>Moderately</b>	<b>Fairly Well</b>	<b>Well</b>
<b>1. Hold up head</b>					
<b>2. Move limbs</b>					
<b>3. Use of hands</b>					
<b>4. Roll</b>					
<b>5. Sit unsupported</b>					
<b>6. Crawl</b>					
<b>7. Stand</b>					
<b>8. Walk</b>					
<b>9. Run</b>					
<b>10. Vocalise</b>					
<b>11. Speak</b>					
<b>12. Yawn</b>					
<b>13. Laugh</b>					
<b>14. Sing</b>					
<b>15. See</b>					
<b>16. Hear</b>					
<b>17. Sleep</b>					
<b>18. Digestion</b>					
<b>19. Bowel movements</b>					
<b>20. Bladder Control</b>					
<b>21. Chew</b>					
<b>22. Swallow</b>	(Stomach fed)				
<b>23. Eating independently</b>					

If Stomach fed, what food does your child take?.....

Cognitive:

Can your child?	Not at all	Poorly	Moderately	Fairly Well	Well
1. Respond to surroundings					
2. Recognise people					
3. Communicate					
4. Understand speech					
5. Carry out simple request					
6. Play with others					
7. Play independently					
8. Behave socially acceptable					
9. Concentrate on tasks					
10. Listen to stories					
11. Read					
12. Write					
13. Show normal emotions					
14. Carry out complex requests					
15. Work independently					
16. Work in a group					
17. Give eye contact					
18. Keep still when needed					
19. Concentrate on conversational subject					

<u>Physiological</u>	Yes	No	Frequently
Seizures			
Chest infections			
Colds			
Allergies			
Asthma			
Eczema			

- If your child has seizures, what time of day or night do they most often occur?  
.....
- Please give a brief description of your child’s difficulties overall.  
.....  
.....  
.....  
.....  
.....

- **If your child is using any special equipment or supports, please state which:**

.....

- **Does your child take medication for the epilepsy:.....**

- **If your child is on any medication, please state which: .....**

- **Has your child had any corrective surgery; if so please comment: .....**

.....

- **Is your child easily startled by sounds?.....**

- **Before coming to Advance, what was the most helpful thing you were told about your child's condition by a member of your child's therapy team:**

.....

.....

- **Please give an example of your child's daily menu and what time he or she eats?**

Breakfast	Time	Lunch	Time	Supper	Time	Snacks	Time

- **What time in the evening is the last food or drink usually taken?**

**Food:..... Drink:.....**

**Thank you very much for filling in this form.**

**ATTENTION**

Assessment photographs

We do need to look at the trunk structure but it is also lovely to see the children looking smart. Please could you bring smart shorts or bathing costume for boys and girls (bottom part of bikini for girls). If the girls are over 11 please bring crop top and shorts or bikini for them.

Patron: The Countess Sodes  
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