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**PRIORITIES AND CONCERNS**

Please complete this questionnaire in preparation to your consultation with NQDHAS

Patients name	Date of Birth
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<p><b>CONCERNS</b> What are the concerns about your child? What are other peoples concerns about your child? What are your priorities about his health, development, behaviour ?</p>	
<p><b>STRENGTHS</b> What are your child's strengths? What are they really good at? What do you love about them?</p>	
<p><b>EXPECTATIONS</b> What are your expectations from your paediatric Appointment? What do you want to get out of it?</p>	
<p><b>COMMENTS</b> Any other comments or information that you would like to share</p>	
<p><b>DOCUMENTATION REQUIRED</b> Any reports or information about your child are useful You can bring to clinic or email to us before appointment at <a href="mailto:admin@nqadhas.com.au">admin@nqadhas.com.au</a></p>	<ul style="list-style-type: none"> <li>• Please read and sign the release of information disclosure form</li> <li>• Any notes you have made and your observations</li> <li>• School reports and observations (Academic reports and Behavioural records)</li> <li>• Guidance officer reports / Special need coordinator reports</li> <li>• Allied Health assessments (Old and New)</li> <li>• Any relevant X-rays and/or investigations, assessments, scans eg company/provider, date of service, report.</li> </ul> <p>Please send the above preferably in electronic documents (word, pdf)</p>