1. Parent’s name(s):

Address:

Email:

Phone:

1. Who is the child we are helping today? How old are they? Were they born on time, early or late?
2. Does your child have any medical issues we should be aware of?
3. Does your child snore or mouth breathe?
4. What are you hoping to get out of this process?
5. Have you tried any strategies in the past to combat these sleep concerns? If so what have you tried and what challenges did you come across?
6. Where does your child sleep for night sleeps and for naps?
7. What time do they wake for the day? Is this spontaneous, or are they woken?
8. If your child is still napping: How many naps per day? How long are each of these naps in general? What times are these naps taking place?
9. What time is bedtime? What does their usual bedtime routine consist of? Do they use a pacifier, comfort toy, or swaddle?
10. If your child needs feeding in the middle of the night: How many feeds do they need? How long does it take to get your child back to sleep after these feedings?
11. Does your child wake up at other times other than for feedings? If yes, what do you do to get them back to sleep and how long does this take?
12. Is your child in school or preschool? If so what hours during the day? Do they usually nap during this time?
13. What is your child’s usual temperament during the day?
14. How has our child’s sleep been previously? (Eg. Have they been a good sleeper until recently, or have they always had difficulties sleeping?)
15. Is there any other information that you would like to share?
16. Are you happy for us to share the information gathered, and the schedules developed with your child’s GP or paediatrician? If so please add their name(s) and contact details.

I look forward to supporting you and your family as we work together to create an individualised sleep plan. This plan will be designed with your parenting styles, and personalities in mind and will encourage you to implement a happy, healthy sleep environment that will benefit the whole family.