



Welcome to Toy Box Counselling Limited

202 Maple Street Wolseley, SK
306.450.9070

Please fill out this form neatly and completely. This is the first step for me to get to know your child.

Child's full name: _____ Grade _____

Child's preferred name/nickname: _____

Date of birth: _____

Parents' names: _____

Phone: _____ email: _____

School: _____

Teacher: _____

Primary concern — What made you decide to pursue Play Therapy?

Developmental Milestones — Were there any delays in speech, motor skills or literacy? If so, describe: _____

Medical Diagnosis (or suspected): _____ ADHD _____ ASD _____ Dyslexia

Other (please indicate): _____

Family Structure (include pets): _____

What are your child's favourite toys and games: _____

Child's fears/triggers: _____

What are your child's main interests? Eg. Dinosaurs, monster trucks,
bunnies, etc. _____

Is there anything else you think I should know: _____
