



Family & Child Data

Family Data

Surname :
 Mother Name :
 Father Name :
 Phone :
 Fax :
 E-mail :
 Address :

Child Data

Name :
 Date of birth :
 Age :
 Length :
 Kilo :
 Disease :

Does your child need help for listed below?

WC : No Yes
 Sitting : No Yes
 Food : No Yes
 Pitch : No Yes
 Dress : No Yes
 Walking : No Yes

Would you please tick as appropriate	0% Never	25% Sometimes	50% Often	75% Very often	100% Always
Physical					
Can your child hold his/her head straight up?					
Can your child walk?					
Does your child have hearing problems?					
Does your child optical problems?					
Can your child swallow?					
Can your child stretching his/her arms?					
Can your child hold objects?					

Can your child swim?					
Use your child devices? (if so what?)					
Use your child's medication? (Please mention details such as what drugs and when they are taken)					
Social/Emotion					
Did your child have eye contact?					
Did your child communicate with other people?					
Did your child fear with strangers?					
Can your child adapt to new surroundings					
What are the strengths and weaknesses of your child?					
Is your child afraid of large animals and water?					
Behavior					
Reacted your child positively when you said "no"					
Did your child have harmful behavior? (biting, scratching, hitting)					
Anger?					
Fear of physical contact with strangers?					
Did your child have aggressive behavior?					
Did your child have a dolphin therapy before? What are the results?					
Talk					
Can your child make sounds?					
Can your child speak words/phrases?					
Communication language?					
Sign language?					
Did your child have other types of communication?					
If so what?					
Reaction to mention his name?					
Can your child do simple commands?					
Can your child against sun, heat?					
Allergy?					
If so what?					

www.humananddolphins.com

You can send the completed form to info@envytravel.com or fax to 00 90 242 324 04 47