

## **PARENT QUESTIONNAIRE**

In order for us to be able to fully evaluate your child, please fill out the following questionnaire to the best of your ability. We realize there may be information that you do not remember or have access to, but please do the best you can. Thank you.

### **PATIENT IDENTIFICATION:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Parent Work#: \_\_\_\_\_  
Grade: \_\_\_\_\_ School: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Step-parent's Name (if applicable): \_\_\_\_\_

### **REFERRAL SOURCE:**

Referral Source: \_\_\_\_\_  
Would you like us to have contact with any outside professionals? If yes, who? (Please note a release of Information will need to be completed and signed.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **PURPOSE OF THE CONSULTATION** (please give a brief summary of the main problems)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **WHY DID YOU SEEK THE EVALUATION AT THIS TIME?**

\_\_\_\_\_  
\_\_\_\_\_

### **PRIOR ATTEMPTS TO CORRECT PROBLEMS/PRIOR PSYCHIATRIC HISTORY**

(Please include contact with other professionals, medications, types of treatments, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY**

Current medical problems/medications include Allergies:

\_\_\_\_\_

Past medical problems/medications:

\_\_\_\_\_

Other doctors/clinics where regularly seen:

\_\_\_\_\_

Any history of head trauma (Please describe):

\_\_\_\_\_

Any history of seizures or seizure-like activity:

\_\_\_\_\_

Any periods of spaciness or confusions:

\_\_\_\_\_

Any history of surgery:

\_\_\_\_\_

Any history of accidents resulting in broken bones, lacerations, severe bruises:

\_\_\_\_\_

Prior Hospitalizations (Place, cause, date, and outcome):

\_\_\_\_\_

Prior abnormal lab tests, X-rays, EEG, CT/MRI, etc.:

\_\_\_\_\_

**Present Height:** \_\_\_\_\_ **Present Weight:** \_\_\_\_\_ **Date of last physical exam:** \_\_\_\_\_

**FAMILY HISTORY**

**Family Development** (Please list marriages, divorces, deaths, traumatic events, losses)

\_\_\_\_\_

\_\_\_\_\_

**Current Marital Satisfaction**

**Natural Mother's History:**

Age \_\_\_\_\_ Outside work (if applicable) \_\_\_\_\_

Marriages: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Has the mother ever sought psychiatric treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what purpose? \_\_\_\_\_

Please list any of the mother's blood relatives with learning problems, or psychiatric problems including Depression, anxiety, suicide attempts, hospitalizations, alcohol/drugs, psychosis: \_\_\_\_\_

\_\_\_\_\_

**Natural Father's History:**

Age \_\_\_\_\_ Outside work (if applicable) \_\_\_\_\_

Marriages: \_\_\_\_\_

Medical Problems: \_\_\_\_\_  
Has the father ever sought psychiatric treatment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, for what purpose? \_\_\_\_\_

Please list any of the father's blood relatives with learning problems, or psychiatric problems including Depression, anxiety, suicide attempts, hospitalizations, alcohol/drugs, psychosis: \_\_\_\_\_

**Siblings** (names, ages, problems, strengths, relationship to the patient)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY STRESSES**

(Please list current factors that are a source of stress in the family including financial concerns, marital difficulties, illness, job changes, moves, deaths of pets, etc)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILD'S DEVELOPMENTAL HISTORY**

**Prenatal events**

Pregnancy complications (bleeding, excess vomiting, medication, infection, x-rays, smoking, Drugs/alcohol): \_\_\_\_\_

**Birth and Postnatal Period**

Any other major complications: \_\_\_\_\_

Mother's health after delivery: \_\_\_\_\_

**Sleep Behavior** (list sleep walking, nightmares, recurrent dreams, and current problems)

\_\_\_\_\_  
\_\_\_\_\_

**Separations** (list from mother and/or father, age, duration and reaction)

\_\_\_\_\_  
\_\_\_\_\_

**Motor Development**

\_\_\_\_\_ Generally Normal

\_\_\_\_\_ Delayed: \_\_\_\_\_

**Language Development**

\_\_\_\_\_ Generally Normal

\_\_\_\_\_ Delayed: \_\_\_\_\_

**Social Development** (please write age, parentheses are approximate normal limits)

Quality of attachment to mother \_\_\_\_\_

Quality of attachment to father \_\_\_\_\_

Early peer relationships \_\_\_\_\_

Current peer relationships \_\_\_\_\_

Relationship to family members \_\_\_\_\_

Hobbies/Interest \_\_\_\_\_

**Toilet Training**

Age reached bowel control: Day \_\_\_\_ Night \_\_\_\_ Age reached bladder control: Day \_\_\_\_ Night \_\_\_\_  
 Current Function \_\_\_\_\_

**Sexual Development**

Gender identity concerns \_\_\_\_\_

**Behavior/Discipline**

Compliance versus noncompliance \_\_\_\_\_ Lying/Stealing \_\_\_\_\_  
 Methods of discipline (Please list methods used i.e. Verbal reprimands, time out, removal of  
 privileges/rewards) \_\_\_\_\_

**Emotional Development**

Early temperament: \_\_\_\_\_  
 Ability to express feelings: \_\_\_\_\_

**Circle the following to describe the patient's temperament in the first two years of life:**

Activity Level	Very inactive	Inactive	Average	Active	Very active
<b>Sensitivity to change in touch, sound level, lighting</b>	Very insensitive	Insensitive	Average	Sensitive	Very Sensitive
<b>Adaptability to schedule changes</b>	Very unadaptable	Unadaptable	Average	Adaptable	Very Adaptable
<b>Ability to be calmed/soothed when distressed</b>	Very difficult to Calm/Soothe	Difficult to Calm/Soothe	Average	Easy to Calm/Soothe	Very Easy to Calm/Soothe
<b>Regularity in Sleep, eating</b>	Very irregular	Irregular	Average	Regular	Very Regular
<b>Separating from parents</b>	Very difficult	Difficult	Average	Easy	Very Easy
<b>Affection</b>	Very unaffectionate	Unaffectionate	Average	Affectionate	Very Affectionate

**Physical/Sexual/Emotional abuse** (please list any history of abuse)

**Drug/Alcohol History** (please list any use that you are aware of or suspicious of, what kinds of drugs, how much, what age, how often)

**School History**

Current grade \_\_\_\_\_ Number of schools attended \_\_\_\_\_ Average grades \_\_\_\_\_  
 Homework problems \_\_\_\_\_  
 Specific concerns regarding learning \_\_\_\_\_  
 Strengths \_\_\_\_\_  
 Motivation \_\_\_\_\_  
 History of special education or services \_\_\_\_\_  
 History of suspensions, expulsions, retention \_\_\_\_\_

**Overall Strengths**

\_\_\_\_\_  
 \_\_\_\_\_