

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 _____ Highest level of education: _____ Outside work (if applicable) _____

Learning problems (Specify) _____

Behavior problems (Specify) _____

Marriages: _____

Medical Problems: _____

Childhood Atmosphere (family position, history of abuse, illness) _____

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 _____ Highest level of education: _____ Outside work (if applicable) _____

Learning problems (Specify) _____

Behavior problems (Specify) _____

Marriages: _____

Medical Problems: _____

Childhood Atmosphere (family position, history of abuse, illness) _____

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

Parent's attitude toward pregnancy: _____

Ease of conception: _____

Pregnancy complications (bleeding, excess vomiting, medication, infection, x-rays, smoking,

Drugs/alcohol): _____

Birth and Postnatal Period

Birth weight _____ Length _____ Labor duration _____ Delivery: vaginal _____ C-section _____

APGARS: _____ History of jaundice? Yes ___ No ___ Time in hospital _____

Any other complications: _____

Mother's health after delivery: _____

Feeding History

Breast versus bottle _____ Food Allergies _____ Eating Difficulties? Yes ___ No ___

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

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

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

Rolls over (3-5 months) _____ Sits without support (5-7 months) _____ Crawls (5-8 months) _____
Walks well (11-15 months) _____ Runs well (2 years) _____ Rides tricycle (3 years) _____
Current activity level _____
Fine motor coordination (writing, drawing) _____
Gross motor coordination (running, jumping, balance) _____
Compared to peers _____

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

Several words (besides mama, dada) (1 year) _____ Three word sentences (2 years) _____
Vocabulary _____ Articulation _____ Comprehension _____
Compared to peers _____

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

Smile (2 months) _____ Shy with strangers (6-10 months) _____ Separates easily (2-3 years) _____
Cooperative Play (4 years) _____ Imaginative Play _____
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: _____

Current personality: _____
Mood: _____
Habits: _____
Fears/Phobias: _____
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
Sensitivity to change in touch, sound level, lighting	Very insensitive	Insensitive	Average	Sensitive	Very Sensitive
Adaptability to schedule changes	Very unadaptable	Unadaptable	Average	Adaptable	Very Adaptable
Ability to be calmed/soothed when distressed	Very difficult to Calm/Soothe	Difficult to Calm/Soothe	Average	Easy to Calm/Soothe	Very Easy to Calm/Soothe
Regularity in Sleep, eating	Very irregular	Irregular	Average	Regular	Very Regular
Separating from parents	Very difficult	Difficult	Average	Easy	Very Easy
Affection	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
