

Parent Questionnaire

In order to help you and your child, I need to know some things about your family. Please answer each question as completely as you can.

Background information:

Client's name: _____ Date of Birth: _____

Biological/Adoptive Parent's name	Age	Education	Occupation
_____	_____	_____	_____
_____	_____	_____	_____

Siblings Names	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any other people living in the home:

Dates of marriage and/or divorce of parents:

If either of the client's parents are divorced and remarried, please list the date of the remarriage, the name of the new spouse, and the name and ages of the step-siblings:

If the client's parents are divorced, what is the parenting time arrangement?

History of Problem:

What is the problem? Why are you bringing in your child for an evaluation?

When and how did you first notice the problem?

What kind of changes have you seen in your child that seem to be part of the problem?

How have you tried to resolve the problem?

Please describe any major incidents, such as moving or death of a family member, which seem to have affected your child. What were his/her reactions to this incident?

What other major changes have happened in the family (additions, losses, financial changes, etc.)?

Family Interaction:

Describe your relationship with the client:

Describe your relationship(s) with the client's sibling(s):

What do you do together as a family?

How are decisions made in your family?

What kind of discipline is used in your family? Who is the "family disciplinarian"?

How does your family express feelings?

How often are there conflicts in your family? What are they usually about?

Family History:

What is your family cultural background (ethnic or racial origin, religion, etc.)?

Is there any history of medical illness (such as diabetes, cancer, heart disease) in your family? If so, please list the illness and the family member who has it.

Is there any psychiatric illness (such as depression, learning disability, ADHD, bipolar, etc.) in your family? If so, please list the illness and the family member who has it.

Is there any history of alcohol and/or drug use in your family? If so, please list.

Has anyone in the family received psychiatric, psychological and/or chemical dependence treatment in an inpatient or outpatient setting? If yes, please explain.

Developmental History:

Was the client a planned child? How did the parents react to the pregnancy?

Were there any complications during the pregnancy and/or the birth? If yes, please describe.

Please describe the client's emotional and behavioral adjustment (responses, activity level, etc.) as an infant:

as a toddler:

as a preschooler:

during grade school:

during junior high:

during high school:

At what age did the client:

say a single word? _____ simple sentences? _____ complete sentences? _____
crawl? _____ walk? _____ become toilet trained? _____

Were there any problems with toilet training? If yes, please describe:

Were there any problems with wetting or soiling the bed after the client had been toilet trained? If yes, please describe:

How well did the client tolerate normal separations before school age?

Please describe early eating and sleeping patterns:
as an infant?

as a toddler?

as a preschooler?

childhood or later years?

Have you noticed any unusual eating patterns (such as fasting, constant dieting, eating a lot followed by not eating at all, etc.) or changes in the client's eating habits? If yes, please describe.

List childhood illnesses, hospitalizations, medications, allergies, head injuries, important accidents, injuries, surgeries, seizures, or other medical conditions:

Educational History:

What school and grade is the client enrolled in?

Has there been any academic, behavioral, or emotional problems with peers or teachers? If yes, when did the problems begin? What were/are they?

What kinds of grades does the client usually get? Describe any recent changes.

Has the client ever been assessed for learning problems or been in special classes? If yes, please describe.

Has the client ever been suspended or expelled from school? If yes, please describe why this happened and how you handled it.

Treatment History:

Has the client ever been taken to a mental health or chemical dependence professional before? If yes, please fill in the following information:

Name of Professional	Dates of Service	Reason for Service
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the client ever seen a school counselor or school psychologist? If yes, please explain including the reason(s) and date(s).

Has the client ever been placed outside the home for mental health, emotional and/or behavioral reasons (foster care, residential treatment, juvenile detention, etc.)? If yes, please explain.

What goals do you have for the treatment of your child?

Is there anything else you can think of that would be helpful for me to know?