

## **PARENT QUESTIONNAIRE**

Please complete this form on your computer, print it out, and bring it to your child's first appointment. The information you provide on this form is confidential and will not be given to anyone without your written permission.

### **Personal Information - Parent**

Parent's Name:

Parent's Social Security #:

Parent's Gender:

Parent's Date of Birth:

Parent's Age:

Parent's Marital Status:

Parent's Racial/Ethnic Background:

Parent's Religious or Spiritual Orientation:

Parent's Address:

Parent's Email address:

Parent's Cellular Phone #:

Parent's Home Phone #:

Parent's Work Phone #

May I leave a message on your answering machine or voicemail?

In case of emergency, whom may I contact?

Name:

Phone number:

Relationship to you:

Referral source:

Are you currently employed? If so, please describe your current employment situation, including your job title, place of employment, and number of hours per week worked.

### **Child's Personal Information**

Child's name:

Child's date of birth:

Child's age:

Child's gender:

Child's social security #:

### **Presenting Concerns**

Please describe the problem(s) for which your child is seeking therapy at this time. How long has this been a problem?

What are your goals for your child's treatment? In what ways would you like for your child to benefit from therapy?

What role would you like to play in your child's treatment?

### **Child's Developmental History**

Was your child born prematurely? If so, how many weeks?

Please list any problems during pregnancy, labor or delivery.

At what age did your child meet the following developmental milestones:

Sitting up:

Crawling:

Walking:

Speaking first word:

Speaking in simple sentences:

Toilet training:

Riding a bicycle:

Reading:

Spending a night away from home:

Puberty:

Dating:

Please list any unusual events or circumstances during your child's development.

### **Child's Social Information**

Please describe your child's current living situation, including the names and ages of the people who live in the home with your child.

Please describe any recent family changes or stressors (moving, marriage, divorce, birth or adoption of a child, death of a family member).

Please list any hobbies, clubs, or other extracurricular activities in which your child participates.

### **Child's Medical Information**

Please list any medical illnesses, conditions, or disabilities that your child has.

Has your child ever been hospitalized? If so, please list dates and reasons for hospitalizations.

Has your child ever had surgery? If so, please list dates and reasons for surgery.

Please list all current medications that your child is taking for any reason, including medicine for medical or mental health conditions, birth control pills, vitamins, and supplements.

### **Child's Mental Health Information**

Has your child ever been diagnosed with a mental or emotional problem, such as depression, anxiety, ADHD, bipolar disorder, or an eating disorder? If so, please describe.

Please describe any prior experiences with psychotherapy or other mental health treatment that your child has had, including dates, names of providers, and outcome.

Does your child have any learning disabilities or other special needs? If so, please describe.

Have you, or has anyone else in your family, been diagnosed with or treated for mental or emotional problems? If so, please list the family member(s), nature of the problem(s), and approximate date(s).

### **Other Questions**

How would you describe your child's personality?

How would you describe your relationship with your child?

What are your child's greatest strengths?

What do you like most about your child?