	First Appointment:
FOR STAFF USE	Consent To Treat a Minor signed:

PARENT QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential. 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 that there may be information that you do not remember or have access to; please do the best you can. Thank you.

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CHILD IDENTIFICATION		
Name (Last, First, M.I.):		
Birth Date:	Age:	Gender: M F
School:	Grade:	
Religion (Optional):	Race/Ethnicity (Optional):	
Mother's name:	Father's name:	
Address:		
Home phone:	Parent wor	k phone (please specify which parent):
With whom is the child currently living?		
REFERR <i>E</i>	AL INFORM	ATION
Referral source:	Ph	one #:
Referral address:	·	
Do we have your permission to release information to the	referring pro	ofessional when it is appropriate? Yes No
HISTORY AND PU	RPOSE OF C	CONSULTATION
Please give a brief summary of the main problems.		
Why did you seek the evaluation at this time?		

What prior attempts to correct the problem(s) have been made? Please indicate prior psychiatric history, contact with other professionals, medications, types of treatment, etc.				
What would you like us to	do for your child, yourself, o	r your family	?	
	ME	EDICAL HIS	TORY	
Present height:			Present weight:	
Plea	se indicate any of the follow	ing that app	ly. Use the space	below to describe.
History of head trauma	Periods of spaciness	Periods	of confusion	History of seizures or seizure-like activity
Describe current medical p	roblems, including current n	nedications.		
Allergies/Drug intolerance	s (describe):			
Describe past medical prob	lems, including past medica	tions taken.		

List prior hospitalizations (date, place, reason, outcome):
Please indicate other doctors or clinics seen regularly.
List abnormal lab tests, X-rays, EEG, etc.
FAMILY HISTORY
Please describe your family structure—who lives in the current household with the child and relationship to the child.
Please describe any traumatic events that your child has experienced.
List any current factors that are a source of stress in the family.

CHILD'S DEVELOPMENTAL HISTORY		
Prenatal History		
Parents' attitude toward the pregnancy:		
Conception: Easy Difficult Planned Unplanned In vitro Artificial insemination		
Pregnancy complications: Bleeding Excessive vomiting Infections X-rays Medication use Smoking		
Alcohol use Street drug use Other (describe):		
Birth and Postnatal Period		
Birth weight: Length: Labor duration:		
Delivery type: Vaginal Yes No Cesarean Yes No Forceps Yes No Premature delivery Yes No		
Describe delivery problems.		
Apgar score (if known): 1-minute score: 5-minute score: Any jaundice? Yes No		
Describe any other complications.		
Length of newborn's hospital stay:		
Mother's Health after Delivery		
Post-delivery blues Yes No Postpartum depression Yes No		
How long did depression or blues last?		
Child Caretakers and Separations		
Primary caretaker for child in first year:		
Primary caretaker(s) after first year:		
Separations from mother and/or father? Yes No At what age? Duration:		
Describe child's reaction to separation.		
Feeding History		
Feeding method: Breast fed Bottle fed Age at weaning:		
List food allergies:		
Describe any current eating problems:		
Sleep History		
Sleep problems: Sleep-walking Nightmares Recurrent dreams Gets up frequently Trouble going to bed		
Describe.		
Motor Development Please write in the correct age; in parentheses are approximate normal limits.		
Rolled over (3-5 m): Crawled (5-8 m):		

Sat without support (5-7 m):	Walked well (11-16 m):	
Ran well (2 yr):	Rode tricycle (3 yr):	
Threw ball overhand (4 yr):	Current level of activity:	
Fine and gross motor coordination:	our ent level of activity.	
-		
Current level of activity: Coordination compared to peers:		
Language Deve	lopment	
Please write in the correct age; in parenthe	sses are approximate normal limits.	
Spoke many words besides "dada" or "mama (1yr):		
Named several objects—ball, cup, etc. (15 m):		
Put 3 words together—subject, verb, object (24 m):		
Vocabulary:		
Articulation:	Comprehension:	
Language development compared to peers:		
Any current problems:		
Social Develor Please write in the correct age; in parenthe		
Smiled (2 m):	Shy with strangers (6-10 m):	
Separated from mother easily (2-3 yr):	Cooperative play with others (4 yr):	
Quality of attachment to mother:		
Quality of attachment to father:		
Early peer interaction:		
Current peer interactions:		
Special interests:		
Relationships to family members:		
Hobbies/interests:		
Toilet Training		
Please write in the Bowel control during day reached at age:	Bowel control during night reached at age:	
Bladder control during day reached at age:	Bladder control during day reached at age:	
Methods used:		
Ease of training: Current function:		
Sexual Development		
Gender identity:		
Any problems?		

Family Development		
Please include marriages, separations, divorces, deaths, traumatic events, losses, etc.		
Current marital situation & satisfaction of parents:		
Please tell us about any traumatic events that your family has expe	erienced.	
Biological Mother	's History	
Current age:	Educationhighest grade completed:	
Work outside of home:		
Learning problems (specify):		
Behavior problems (specify):		
Marriages:		
Medical problems:		
Childhood atmosphere (family position, abuse, illnesses, etc.):		
Has mother ever sought psychiatric treatment? Yes No _ I	f yes, for what purpose?	
Mother's alcohol/drug use history:		
Have any of mother's blood relatives ever had any learning probler alcohol/drug abuse, depression, anxiety, suicide attempts, or psyclopius.		
Biological Father	's History	
Current age:	Educationhighest grade completed:	
Work outside of home:		
Learning problems (specify):		
Behavior problems (specify):		
Marriages:		
Medical problems:		

Childhood atmosphere (family position, abuse, illnesses, etc.):		
Has father ever sought psychiatric treatment? Yes No If yes, for what purpose?		
Father's alcohol/drug use history:		
Have any of father's blood relatives ever had any learning problem alcohol/drug abuse, depression, anxiety, suicide attempts, or psyc		
	,	
Step-Mother or Adoptive Mothe	er's History, if applicable	
Current age:	Educationhighest grade completed:	
Work outside of home:		
Learning problems (specify):		
Behavior problems (specify):		
Marriages:		
Medical problems:		
Childhood atmosphere (family position, abuse, illnesses, etc.):		
Medical problems:		
Childhood atmosphere (family position, abuse, illnesses, etc.):		
Have step-/adoptive mother ever sought psychiatric treatment?	Yes No If yes, for what purpose?	
Step-/Adoptive mother' alcohol/drug use history:		
Have any of step-/adoptive mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospitalizations?		
Step-Father or Adoptive Father's History, if applicable		
Current age:	Education—highest grade completed:	
Work outside of home:		
Learning problems (specify):		
Behavior problems (specify):		

Marriages:	
Medical problems:	
Childhood atmosphere (family position, abuse, illnesses, etc.):	
Has step-/adoptive father ever sought psychiatric treatment: Yes No If yes, for whether the step-/adoptive father ever sought psychiatric treatment: Yes No If yes, for whether the step-/adoptive father ever sought psychiatric treatment: Yes No If yes, for whether the step-/adoptive father ever sought psychiatric treatment: Yes No If yes, for whether the step-/adoptive father ever sought psychiatric treatment: Yes No If yes, for whether the step-/adoptive father ever sought psychiatric treatment: Yes No If yes, for whether the step-/adoptive father ever sought psychiatric treatment is Yes No If yes, for whether the step-/adoptive father ever sought psychiatric treatment is Yes No If yes, for whether the step-/adoptive father ever sought psychiatric treatment is Yes No If yes, for whether ever sought psychiatric treatment is Yes No If yes, for which it is Yes	hat purpose?
Step-Adoptive father's alcohol/drug use history:	
Have any of step-/adoptive father's blood relatives ever had any learning problems or psycthings as alcohol/drug abuse, depression, anxiety, suicide attempts, or psychiatric hospita	
Signature	Date