CHILD QUESTIONAIRE

form to be completed by the parent/guardian

Today's date: _____

Who referred you to Dr. Betty Feir & Associates? _____

BASIC INFORMATION ABOUT YOUR CHILD

Name of child: _____

Address: _____

City: _____ State: _____ Zip code: _____

Parent's home phone: _____ Parent's work phone: _____ Parent's cell phone: _____

☐ Male ☐ Female Childs' date of birth: _____ Child's Social Security #: _____

School child is currently attending: _____ Child is currently in grade: _____

Child's ethnic background: _____ Child's religion: _____

What is the parent's current martial status?

☐ single ☐ married ☐ living together ☐ engaged ☐ separated ☐ divorced ☐ widowed

Does this child have siblings? ☐Yes ☐No if yes please list below

Name:_____ Age: _____ ☐ Male ☐ Female ☐ stepbrother/sister

Name:_____ Age: _____ ☐ Male ☐ Female ☐ stepbrother/sister

Name:_____ Age: ____ ☐ Male ☐ Female ☐ stepbrother/sister

Name:_____ Age: ____ ☐ Male ☐ Female ☐ stepbrother/sister

Name:_____ Age: ____ ☐ Male ☐ Female ☐ stepbrother/sister

Are parents working? Father – ☐ Full-time ☐ Part-time Mother – ☐ Full-time ☐ Part-time

Who is father's employer? _____ How long has father worked there? _____

Who is mother's employer? _____ How long has mother worked there? _____

YOUR CHILD'S MEDICAL HISTORY

Who is your child's physician? _____ Physician's telephone number _____

Please describe your child's current health ? ☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ don't know

When is the last time your child visited with a physician? _____

Please describe any illness or health condition your child is currently experiencing: _____

_____

Please describe any treatment your child is receiving? _____

Please indicate any medications your child is currently taking? _____

Has your child ever been hospitalized for a <u>medical</u> problem (please indicate age / reason for treatment):

_____

Please list any hospitalizations that resulted from an <u>emotional</u> problem (please indicate age / reason for treatment):

_____

Does your child have any allergies? ☐No ☐Yes What is the child allergic to? _____

YOUR CHILD'S FAMILY HISTORY

	MOTHER	FATHER	STEPMOTHER	STEPFATHER
Age	_____	_____	_____	_____
Education	_____	_____	_____	_____
Religion	_____	_____	_____	_____
Year of death	_____	_____	_____	_____
Cause of death	_____	_____	_____	_____

Have any of your child's relatives, including brother and sisters, suffered from any of the following conditions?

☐ Depression ☐ Anxiety Disorders ☐ Eating Disorders ☐ Alcohol problems
☐ Drug problems ☐ Schizophrenia ☐ Bipolar disorder ☐ Chronic Pain
☐ ADD/ADHD ☐ Other: please describe: _____

Are there family members t hat do not live at home? _____

How does your child get along with his/her siblings? _____

_____

DESCRIBE CURRENT PROBLEM

Please describe the major problem for which you are seeking help: _____

_____

_____

_____

_____

How long has your child had this problem? _____

Are there other problems you would like help with? _____

_____

Has your child ever seen a counselor before? When and for what reason? _____

_____

_____

Name of previous counselor? _____

What leads you to seek help at this time? _____

Who else knows about this problem?_____

What is the likelihood that you think your child can be successfully treated for this problem?

☐ Not likely ☐ slight possibility ☐ good chance ☐ probably ☐ most likely

Please indicate any problem areas that you believe your child has recently experienced:

☐ eating disorder	☐ bedwetting	☐ rebellious attitude	☐ aggressive behavior
☐ sexual promiscuity	☐ self esteem issues	☐ alcohol or drug use	☐ loss of appetite
☐ trouble concentrating	☐ talks of harming self	☐ social adjustment issues	☐ feels misunderstood
☐ panic attacks	☐ always irritated	☐ anxious and tense	☐ acting out
☐ sibling rivalry	☐ feels sad all the time	☐ sleeplessness	☐ violent behavior
☐ weight problems	☐ headaches	☐ feels lonely	☐ lack of self control
☐ family problems	☐ chronic illness	☐ does not assert self	☐ won't talk to parents
☐ problems at school	☐ chronic pain	☐ sexual orientation issues	☐ acts before thinking
☐ constantly confused	☐ feels sad all the time	☐ constantly in fear	☐ can't accomplish goals
☐ peer pressure	☐ poor choice of friends	☐ feels useless	☐ lack of friends

other _____

other _____

ABOUT YOUR CHILD'S RELATIONSHIPS AND SCHOOL EXPERIENCES

How well does your child relate to their peers? _____

_____

Is your child basically? ☐ shy ☐ friendly ☐ outgoing ☐ enthusiastic ☐ leader ☐ follower ☐ loner ☐ quiet

What does your child like to do with their free time? _____

_____

What organizations does your child belong (scouts, church group, etc)? _____

_____

Have there been recent changes in your child's social activities? ☐Yes ☐No if yes please describe below_____

_____

Have you noticed your child with a different set of friends? ☐Yes ☐No if yes please describe below

_____

What behavior are you most concerned about? _____

_____

What do you think are your child's most positive characteristics? _____

_____

What do you think are your child's most negative characteristics?_____

_____

How do you respond when your child does not behave? _____

_____

How does your child respond to discipline?_____

_____

What school subjects are best for your child? _____

What school subjects are the most difficult for your child?_____

What kind of grades does your child receive in school? _____

Has your child's performance at school recently changed? ☐Yes ☐No if yes please describe below

_____

Is your child enrolled in any special programs (special education, honors programs, etc? ☐Yes ☐No if yes please list below

_____

Has your child ever had to repeat a grade? ☐Yes ☐No any comment? _____

Has your child ever been expelled, suspended or placed on academic probationary status at school? ☐Yes ☐No

if yes please detail the situation _____

_____

Is there any other relevant information you would like to share?_____

_____

_____

_____

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