

Child and Adolescent Questionnaire

DATE: _____

Child's Last Name:	First Name:	Date of Birth:	Age:

Why are you seeking help for your child?

When did the difficulty begin?

What makes it worse?

Does anything make it better?

What evaluation and/or treatment has been tried?

MEDICATIONS USED/CURRENTLY USING:

PAST AND CURRENT MENTAL HEALTH PROVIDERS:

Child and Adolescent Questionnaire

FAMILY HISTORY (include name, mental health history and any medical problems)

BIOLOGICAL FATHER:

EDUCATION/OCCUPATION: _____

MENTAL HEALTH OR SUBSTANCE ABUSE PROBLEMS ON PATERNAL SIDE OF FAMILY? NO YES

EXPLAIN: _____

SUCIDE ATTEMPTS: NO YES EXPLAIN: _____

BIOLOGICAL MOTHER:

EDUCATION/OCCUPATION: _____

MENTAL HEALTH OR SUBSTANCE ABUSE PROBLEMS ON PATERNAL SIDE OF FAMILY? NO YES

EXPLAIN: _____

SUCIDE ATTEMPTS: NO YES EXPLAIN: _____

CURRENT HOUSEHOLD

Parents/step parents: _____

Adoption? YES NO

Siblings: *(list names and ages and how they are doing)*

Name	Age	School Performance	Mental health history

How does your child get along with other family members?

How does he/she get along with peers?

Child and Adolescent Questionnaire

DOES YOUR CHILD HAVE ANY HISTORY OF DRUG OR ALCOHOL ABUSE?

HAVE YOU HAD ANY LEGAL PROBLEMS?

ANY HISTORY OF BEING PHYSICALLY OR SEXUALLY ABUSED? No Yes

SCHOOL HISTORY:

CURRENT SCHOOL: _____ CURRENT GRADE: _____

USUAL GRADES AND SCHOOL PERFORMANCE: _____

SPECIAL EDUCATION: _____

EVER HELD BACK A GRADE? NO YES, WHAT GRADE REPEATED? _____

PROBLEMS AT SCHOOL? NO YES, _____

HAS A PSYCHOEDUCATIONAL EVALUATION EVER BEEN PERFORMED? NO YES

IF SO, DESCRIBE RESULTS: _____

MEDICAL HISTORY:

CURRENT PHYSICIAN: _____ LAST APPOINTMENT: _____

CURRENT PROBLEMS AND MEDICATION TREATMENTS: _____

ALLERGIES? _____

BIRTH AND DEVELOPMENT PREGNANCY: (Problems, complications, full term or premature)

BIRTH (spontaneous, induced, c-section) (cir)

Birth complications? _____

Temperament (Was your child colicky, irritable, easy to please, etc) _____

Eating and Feeding: Any problems, vomiting, food intolerance? _____

Was your child breast fed? _____

At what age did your child: WALK? _____ TALK? _____ PLAY COOPERATIVELY WITH OTHERS? _____

Is there anything else you would like to tell us?