Peltier Family Counseling, PLLC
Mariah Peltier, M.Ed. LPC

Parent Questionnaire

Name of Child: _____ Gender: _____ Age: _____
Grade: _____ School:_____
Your Name: _____

The following assessment will assist me in helping your child by providing me with a thorough understanding of his or her specific needs. Please answer the following questions as fully and honestly as possible. If you have any questions or concerns, please feel free to ask me..

What events or problems have caused you to come for counseling? _____
_____

Has your child had mental health treatment in the past? If yes, please give type of treatment and dates: _____
_____
_____

Has your child received a psychiatric diagnosis in the past? _____
_____

Please list any medication your child is currently taking or has taken in the past: _____
_____
_____

Please circle any of the following symptoms/problems that you see in your child:

Sleep problems	Anger Problems	Behavior Problems
Nightmares	Mood Swings	Academic Problems
Low Energy	Temper Tantrums	Talk/Thoughts of Death
Concentration Problems	Depressed Mood	Hurt Self or Others
Appetite Problems	Anxiety/Worry/Panic	Harm to Animals
Binge and Purge	Obsessive Thoughts	Compulsive Behaviors
Body Image Issues	Self-Esteem Problems	Drug or Alcohol Use
Tobacco Use	Health Complaints	Fears
Sexual Acting Out	Run Away	Social Isolation
Trouble in School	Difficulty Making Friends	Defiance

Please explain any of the above or any additional problems: _____
_____
_____

Describe your home life, including your child's relationship with other family members:
_____
_____
_____
_____
_____

Describe your child's social life, including his or her comfort in social situations, the types of friends he or she makes, etc: _____
_____
_____
_____
_____

Describe your child's education history, including any learning problems: _____
_____
_____
_____
_____
_____

Describe your child's religious background and his or her personal religious beliefs or involvement: _____
_____
_____

Please mark any family history from the following choices. If marked, please indicate which family member for whom it is relevant.

Depression: _____ Mental Retardation: _____
Bipolar Disorder: _____ Suicide/Attempts: _____
Learning Disability: _____ Anxiety Disorder: _____
ADD/ADHD: _____ Arrests: _____
Drug/Alcohol Abuse: _____ Schizophrenia: _____
Abuse (Physical, Sexual, Verbal): _____
Other:__ _____

To your knowledge, has your child ever been the victim of sexual, physical, or verbal abuse? _____
_____
_____

Please check below to indicate any of the following stressors that are currently occurring in your family or have occurred in the past:

	Current	Past
Financial Problems	_____	_____
Frequent Moves	_____	_____
Job Changes	_____	_____
Drug/Alcohol Abuse	_____	_____
Frequent Arguments between Parents	_____	_____
Separation of Parents	_____	_____
Divorce of Parents	_____	_____
Remarriage of Parents	_____	_____
Separation from Sibling	_____	_____
Physical Confrontation Between Parents	_____	_____
Physical or Mental Illness in Family	_____	_____
Death in the Family	_____	_____
Abuse	_____	_____
Other: _____	_____	_____

Please explain any checkmarks above: _____
_____
_____
_____

Please list any stressors or traumas that your child has faced or is facing outside of the family: _____
_____
_____

What would you consider your child's greatest strengths? _____
_____
_____

What would you consider your child's greatest weaknesses? _____
_____
_____

What would you consider your family's greatest strengths and weaknesses? _____
_____
_____
_____

How would you describe yourself as a parent? _____
_____
_____

What would you like to see your child and family gain from treatment? _____
_____
_____
_____

What do you see as the family's role in treatment? Which family members are willing and able to participate? _____
_____
_____

Is there anything else that you would like me to know in regards to your child's treatment? _____
_____
_____

Thank you so much for taking the time to fill out this questionnaire. I look forward to working with your child, you, and your family.

Signature: _____ Date: _____