



PARENT QUESTIONNAIRE

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*Please fill this form out, and **send before your first session** via the Heart Times website at <https://hearttimes.ca/contact-us>*

You can also scan it and send to Shelaine's email at shelaine@hearttimes.ca

IMPORTANT NOTICE: *The information you provide on this form is confidential and will not be given to anyone without your written permission.*

A copy of this questionnaire will be stored in a highly confidential, PIPEDA compliant, encrypted, electronic storage system along with the rest of your clinical file.

PERSONAL INFORMATION – PARENT

Parent's Name: _____

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: _____



CREATIVE WELLNESS SERVICES

Parent's Cellular Phone #: _____

Parent's Home Phone #: _____

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 PERSONAL INFORMATION

Child's name: _____

Child's date of birth: _____

Child's age: _____

Child's gender: _____

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.

Did your child have any developmental problems or delays?



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 (e.g., moving, financial problems, divorce, death of a family member).

What school does your child attend?



What grade are they in?

What grades do they typically get?

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

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 list.

Please list all prior experiences with mental health treatment:

Name of Provider	Approximate Dates of Treatment	Problem / Reason for seeking treatment
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CREATIVE WELLNESS SERVICES

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) and nature of the problem(s).