

MINOR CLIENT PARENT QUESTIONNAIRE

Note: Please complete all information on this questionnaire. All information is treated in confidence and will not be released without your permission.

Date _____ Form completed by _____

Child's full name _____ Male Female Birthdate _____

Client's Social Security Number _____

Address

_____ Street City State Zip

Your phone number _____ Alternate phone contact _____

Who referred this child? _____

Emergency Contact _____ Phone _____

Relationship to Child _____

FAMILY

Father's Name _____ Birthdate _____

Address (if different from above) _____

Education level _____ # of dependents _____

Parent's Employer(s) _____

Address of Employer(s) _____

Mother's Name _____ Birthdate _____

Address (if different from above) _____

Education level _____ # of dependents _____

Parent's Employer(s) _____

Address of Employer(s) _____

Date of marriage _____ Present marital status _____

With whom does the child live? Birth parents Adoptive parents Foster parents

Other (specify) _____

If parents are separated or divorced: date of separation/divorce _____

Who has physical custody? _____ Who has legal custody? _____

List all other persons living in the home:

Name	Relationship to child	Present health
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any other people who care for the child a significant amount of the time:

Name	Relationship to child	Present health
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILD

Pregnancy and birth: Any complications? Yes No If yes, briefly explain _____

Developmental milestones: (Ages) Sitting _____ Walking _____ Talking _____ Toilet-trained _____

Medical problems: Yes No If yes, briefly explain _____

Please list any jobs or chores your child has at home or at school – for example, feeding the dog; making the bed, etc. None

How well does your child do these jobs/chores?

	Poor		Average		Great
1. _____	1	2	3	4	5
2. _____	1	2	3	4	5
3. _____	1	2	3	4	5

What are your child's strengths? _____

How many close friends does your child have? None 1 2 or 3 4 or more

How many close friends in the neighborhood None 1 2 or 3 4 or more

does your child have?

How many times a week does your child do things with them? None 1 2 or 3 4 or more

Compared to other children his/her age, how does your child get along with other children?

Poor		Average		Great
1	2	3	4	5

What are your child's favorite recreational or extracurricular activities? _____

Who generally disciplines the child? _____

What methods are used? _____

Do parents agree on methods of discipline? Yes No If no, please elaborate:

Current symptoms or behavioral issues regarding the child:

Any other things you would like to share about the child and his/her daily life:

