

Parent Questionnaire

Name of Patient: _____

Age: _____

Sex: _____

Date of Birth: _____

1. Major concerns:
2. How long has this problem persisted?
3. Under what conditions does the condition become worse?
4. What medications is the child taking presently, and for what purpose.

Prescribed by:

5. Developmental milestones

Behavior	Age began	Comments
Crawling		
Sitting Independently		
Walking		
Talking		
Toilet Training		

Family History

6. Biological Mother's Age: _____ Occupation: _____

Biological Father's Age: _____ Occupation: _____

7. If parents are separated or divorced, how old was the child then? _____

8. Who has custody of child? _____ For how long? _____

9. Number of brothers: _____ Their ages: _____

Number of sisters: _____ Their ages: _____

10. Please list people who live in the household and their relationship to the child:

11. Is there a history of child abuse? Yes ____ No ____

If yes, which type of abuse? Verbal ____ Physical ____ Sexual ____ Emotional ____

Comments:

12. Were child protective services involved? Yes ____ No ____

Are they still involved? Yes ____ No ____

13. What report card grades does the child usually receive?

14. Have these changed lately? Yes ____ No ____

If yes, how?

15. Is the child currently in special education? Yes ____ No ____

If yes, for what classes, behaviors, etc.?