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Parent Questionnaire

(Parent: Please complete this questionnaire about your child.)

Date: _____

I. DEMOGRAPHICS

- a. Name of Child: _____
- b. Address: _____
- c. Telephone: Home _____ Work _____
- d. Is it OK to leave a message at these numbers? _____
- e. Birthdate: _____ Age _____
- f. Referred by: _____

II. PRESENTING PROBLEM

- a. What symptoms, problems or behaviors does your child have that prompted you to seek help at this time? _____

- b. When did these first appear? _____

- c. How have you handled these issues so far? _____

- d. What approaches have been successful? _____

- e. To your knowledge, has your child ever talked about or attempted suicide? If yes, please describe: _____

- f. To your knowledge, has your child ever used drugs or alcohol? If yes, please describe: _____

- g. Have there been any changes over the last month in your child's eating, sleeping, or behaviors? If so please describe. _____

- h. In order for me to learn what you and your family's strengths and goals are please notice what's happening in your relationship with the client and in your family that you would like to continue to have happen. _____

- i. If you were to show me a videotape of this family once your problems were solved, what would I see you doing differently on the video. _____

- j. What would be a small sign of progress that would tell you that you are making headway? _____

III. PREVIOUS TREATMENT

- a. Has your child ever had any previous mental health treatment such as psychiatric assessment, counseling, testing, or substance abuse treatment? If yes, give specifics

IV. EDUCATIONAL HISTORY

- a. Name of child's school _____ Grade _____
- b. List any special education, remedial programs, learning disability programs, or speech therapy that your child has required. _____

- c. Describe any difficulty your child has had with learning problems: _____

- d. Describe any behavior problems at school: _____

- e. How many days of school did your child miss during the past year, and for what reason?

- f. Has the child been suspended from school for any reason during the past year? YES
____ NO ____ If yes, explain _____

V. SOCIAL HISTORY

- a. Information on biological father:
Full name _____ Birthdate _____
Education _____ Occupation _____
- b. Information on step (foster, adoptive) father:
Full name _____ Birthdate _____
Education _____ Occupation _____

c. Information on biological mother:

Full name _____ Birthdate _____

Education _____ Occupation _____

d. Information on step (foster, adoptive) mother:

Full name _____ Birthdate _____

Education _____ Occupation _____

e. List all members of family living in home:

NAME	SEX	AGE	BIRTHDATE	GRADE	FULL/HALF/STEP	LIVE WHERE?

f. Parents marital status: Married Separated Divorced

g. Parent's current marital satisfaction: ____ Good ____ Fair ____ Poor

This is the (1st) (2nd) (3rd) (4th) marriage for the Mother of this child.

This is the (1st) (2nd) (3rd) (4th) marriage for the Father of this child.

h. If parents are divorced, what are the legal child custody arrangements and describe visitation method: _____

i. Is there any psychiatric or physical illness in the family? If so, indicate with an "X" at left, and specify the relationship to child and parental side at right. This applies to parent as well as other biological relatives. (This is an important question and it should be done carefully and truthfully.)

	Mother's Side	Father's Side
____ Drug or alcohol abuse	_____	_____
____ Depression	_____	_____
____ Nervous breakdown	_____	_____
____ Epilepsy	_____	_____
____ Mental retardation	_____	_____

____ Psychiatric hospitalization _____
____ Suicide _____
____ Other _____

VI. MEDICAL HISTORY

- a. Has your child ever had any surgeries of significance, or hospitalization for an illness?
YES ____ NO ____ If yes, give date _____ For what?

- b. Is your child on any medication at the present time? YES ____ NO ____ If yes, what
kind and for what condition prescribed? _____

VII. RELIGIOUS INTERESTS, HOBBIES, AND ACTIVITIES

- a. List the child's past and present organized social, community, recreational activities
(i.e., 4-H, Scouts, Little League, sports activities, lessons, etc.)

- b. Describe the child's religious interests or activities:
____ High ____ Medium ____ Low ____ None

VIII. COMMENTS

