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CHILD/ADOLESCENT INFORMATION

Please provide us with the following information about your child:

CHILD'S NAME:		**DATE:**
DATE OF BIRTH:	**AGE:**	**GRADE:**
Questionnaire completed by:		
Relationship to child:		
Names and ages of all members of the household:		
Father's Employment: ( ) Full-Time ( ) Part-Time ( ) Unemployed ( ) Full-Time Student		
Name:	**City:**	**Phone:**
Mother's Employment: ( ) Full-Time ( ) Part-Time ( ) Unemployed ( ) Full-Time Student		
Name:	**City:**	**Phone:**
Name and Location of Child's School:		
Child's Physician:		

Please check the answers to the questions on the following pages. Skip any questions that do not apply to your child. For any questions answered YES, please write a brief explanation.

EARLY DEVELOPMENT

1. **Were there any problems with the pregnancy with this child? YES NO DON'T KNOW**

2. **Was your child exposed to any possible harmful substances during the pregnancy (alcohol, tobacco, drugs, etc.)? YES NO DON'T KNOW**

3. **Were there any problems for the mother with the delivery? YES NO DON'T KNOW**

4. **Did your child have any medical complications at the time of the birth? YES NO DON'T KNOW**

5. **Was your child excessively active or difficult as a baby? YES NO DON'T KNOW**

6. **Were there any problems with your child's early development (walking, talking, toilet training, etc.)? YES NO DON'T KNOW**

7. **Has your child had any problems with fine motor skills (holding small objects, handwriting, etc.)? YES NO DON'T KNOW**

8. **Has your child had any problems with gross motor skills (clumsiness, difficulty with athletics, etc.)? YES NO DON'T KNOW**

HEALTH

9. **Has your child suffered any serious illness? YES NO DON'T KNOW**

10. **Does your child suffer from any allergies? YES NO DON'T KNOW**

11. **Does your child have any unusual eating habits? YES NO DON'T KNOW**

12. **Does your child have frequent stomach/digestion problems? YES NO DON'T KNOW**

13. **Has your child ever had a serious head injury? YES NO DON'T KNOW**

14. **Does your child often complain of headaches? YES NO DON'T KNOW**

15. **Does your child have dizzy spells or frequently stare into space? YES NO DON'T KNOW**

16. **Does your child frequently start to say something and then forget what he/she was saying?**

YES NO DON'T KNOW
17. Does your child have any nervous tics, twitches, or habits? YES NO DON'T KNOW
18. Does your child's memory seem to have changed recently? YES NO DON'T KNOW
19. Does your child's walk seem to have changed recently? YES NO DON'T KNOW
SLEEPING
20. Does your child have any difficulties going to bed or sleeping? YES NO DON'T KNOW
21. Does your child sleep-walk? YES NO DON'T KNOW
22. Does your child have frequent nightmares? YES NO DON'T KNOW
23. Does your child frequently fall deeply asleep well before bedtime? YES NO DON'T KNOW
24. Does your child frequently wet the bed? YES NO DON'T KNOW
EMOTIONAL
25. Has your child or other family member had any previous psychological testing or counseling?
YES NO DON'T KNOW
26. Has your child ever had a significant emotional trauma? YES NO DON'T KNOW
27. Is there a history of any emotional problems, alcoholism or learning problems in the biological mother or on her side of the family? YES NO DON'T KNOW
28. Is there a history of any emotional problems, alcoholism or learning problems in the biological mother or on her side of the family? YES NO DON'T KNOW
29. Is there a history of any emotional problems, alcoholism or learning problems in any of the child's siblings? YES NO DON'T KNOW

SOCIAL

30. Does your child have problems with making and keeping friends? YES NO DON'T KNOW

31. Are you displeased with the type of friends your child associates? YES NO DON'T KNOW

32. Has your child ever used drugs or alcohol? YES NO DON'T KNOW

33. Has your child ever been in any legal difficulty? YES NO DON'T KNOW

EDUCATION

34. Is your child having difficulty in school? YES NO DON'T KNOW

35. Is your child in any special classes in school? YES NO DON'T KNOW

Briefly, what would you like to see accomplished by having your child receive counseling?

Is there any special information that should be known about your child?