**CHILD/ADOLESCENT INFORMATION QUESTIONNAIRE**

Today's Date: \_\_\_\_\_\_\_\_\_\_\_

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender Identity: \_\_\_\_\_\_\_\_\_\_

Phone number of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc. Sec.#: \_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to leave a message? \_\_\_\_

Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child: \_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to leave a message?\_\_\_\_

Secondary phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OK to leave a message?\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pediatrician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pediatrician phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other current doctor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s brothers and sisters in order of birth:

Name: Sex: Age: Education:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Mother's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religious Preference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religious Preference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents' Marital Status: \_\_\_\_\_\_\_\_\_\_\_\_ Date Married: \_\_\_\_\_\_\_\_\_\_ Date Divorced:\_\_\_\_\_\_\_\_

Who does child live with at present? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For how long? \_\_\_\_\_\_\_\_\_

Any relatives with medical or emotional difficulty? Alcohol or drug problems? School learning or behavior problems? Explain:

Describe the problem with which you feel we can be of assistance:

When did you first notice this?

If the child has consulted any mental health professional in the past, please explain who/w hy:

Previous evaluations? If so, what were the results? What was diagnosis?

Are there other professionals who are familiar with this situation, past or present (e.g., physicians, hospitals, court, or the Department of Family and Children's Services? Please specify:

Previous treatment, therapy or other appointments? Is so, what were the results? What was diagnosis?

What medications or special diets is the child presently using?

Has the child ever had or been treated for any of the following?

 Dates Dates

Serious headaches \_\_\_\_\_\_\_\_\_\_\_\_ Allergy to food or drugs \_\_\_\_\_\_\_\_\_\_\_

Difficulty with hearing \_\_\_\_\_\_\_\_\_\_\_\_ Bed wetting \_\_\_\_\_\_\_\_\_\_\_

Difficulty with vision \_\_\_\_\_\_\_\_\_\_\_\_ Frequent outbursts of anger\_\_\_\_\_\_\_\_\_\_\_ Difficulty with talking \_\_\_\_\_\_\_\_\_\_\_\_ Lying \_\_\_\_\_\_\_\_\_\_\_

Fainting spells \_\_\_\_\_\_\_\_\_\_\_\_ Stealing \_\_\_\_\_\_\_\_\_\_\_

Serious head injury \_\_\_\_\_\_\_\_\_\_\_\_ Poor concentration \_\_\_\_\_\_\_\_\_\_\_

Weakness or fatigue \_\_\_\_\_\_\_\_\_\_\_\_ Change in mood \_\_\_\_\_\_\_\_\_\_\_

Meningitis, encephalitis \_\_\_\_\_\_\_\_\_\_\_\_ Bowel trouble \_\_\_\_\_\_\_\_\_\_\_

Crying spells \_\_\_\_\_\_\_\_\_\_\_\_ Stomach trouble \_\_\_\_\_\_\_\_\_\_\_

Sex problems \_\_\_\_\_\_\_\_\_\_\_\_ Nail biting \_\_\_\_\_\_\_\_\_\_\_

Unusual feelings \_\_\_\_\_\_\_\_\_\_\_\_ Unusual fears \_\_\_\_\_\_\_\_\_\_\_

Difficulty in sleeping \_\_\_\_\_\_\_\_\_\_\_\_ Nightmares, bad dreams \_\_\_\_\_\_\_\_\_\_\_

Nausea \_\_\_\_\_\_\_\_\_\_\_\_ Difficulty walking \_\_\_\_\_\_\_\_\_\_\_

"Sleep-walking" \_\_\_\_\_\_\_\_\_\_\_\_ Drowsiness \_\_\_\_\_\_\_\_\_\_\_

Hearing voices \_\_\_\_\_\_\_\_\_\_\_\_ Poor appetite \_\_\_\_\_\_\_\_\_\_\_

Hay fever, asthma \_\_\_\_\_\_\_\_\_\_\_\_ High, prolonged fever \_\_\_\_\_\_\_\_\_\_\_ Behavior problems \_\_\_\_\_\_\_\_\_\_\_\_ Eating problem/disorder \_\_\_\_\_\_\_\_\_\_\_

Describe other illnesses, injuries, operations the child has had or elaborate regarding the above list:

Illness Date Any Lasting Effects

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Injuries/Illnesses Continued:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did mother or child have any difficulty at or around birth? If so, please explain:

Did the following occur: early on time late

 Child’s birth \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 Child began crawling \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 Child began to walk \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 Child began to talk \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

 Child was potty trained \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Describe the child's current adjustment to school, school achievement, and any recent change in grades:

If child has school difficulties, mark the most problematic areas:

Math \_\_\_\_ Reading \_\_\_\_ Writing \_\_\_\_ Spelling \_\_\_\_ Completing Work \_\_\_\_ Attention \_\_\_\_ Organization \_\_\_\_ Behavior \_\_\_\_ Friends \_\_\_\_ Homework \_\_\_\_

Grades Repeated: \_\_\_\_\_\_\_\_ Skipped: \_\_\_\_\_\_\_\_ Summer school \_\_\_\_\_\_\_

How many schools has the child attended in his/her academic career: \_\_\_\_\_\_

Does the child have any hobbies or special interests? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

Explain:

Has the child or does the child: (If answer is yes, please explain)

Been arrested or convicted of any crime? \_\_\_\_

Drink alcohol? \_\_\_\_

Use drugs? \_\_\_\_

Smoke cigarettes? \_\_\_\_

Engage in other dangerous behavior? \_\_\_\_

Has the child been through significant traumatic or negative experiences (e.g., abuse, been the victim of a crime, been in a serious accident or natural disaster)?

Please describe just a bit about the parenting styles of parents involved with the patient. What part of the style and strategies feels good and beneficial? Are there any parts or strategies that feel less positive or you would like to improve upon?

If there is anything else you wish to share that has not been covered in this questionnaire, please do so below: