

Park Ridge Psychological Services
History and Questionnaire re: Child/Adolescent

Please complete this form as accurately and as fully as possible.

Client Information

Patient's Name: _____ Date of Birth: _____ Age: _____ Gender: _____

Occupation/School: _____ Grade: _____ Marital Status: _____

Home Address: _____

Home Phone: (_____) _____ Cell#: (_____) _____ Work#: (_____) _____

Responsible Party (if not client)

Name: _____ Occupation: _____

Marital Status: _____ Emergency Contact: _____ Phone: (_____) _____

Who referred you to Park Ridge Psychological Services? _____

Why have you come to us at this time/What do you hope to accomplish from your time here?

Have you attempted to solve these problems before? If so, when and how? _____

What about past attempts at solving the problem(s) was not helpful? _____

Family Constellation

Who lives at home with the client? (please include extended family and pets)

Name: _____ Relationship: _____ Age: _____

Describe the relationship between this person and the client: _____

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Name: _____ Relationship: _____ Age: _____

Describe the relationship between this person and the client: _____

Who else in the client's family is important to him/her? _____

Are there any conflictual relationships in the home? If so, please describe: _____

Please describe the marriage of the client's parents: _____

Please describe any important family events (e.g., divorces, remarriages, deaths, traumas, losses, significant moves, etc.): _____

Natural Mother's History:

Age: _____ Career/Profession: _____ Education: _____

Any history of drug/alcohol use/abuse: _____ If yes, please describe: _____

Any history of learning/attention problems? _____

Any medical problems? _____ Any evaluation or treatment for emotional problems? _____

Please describe briefly mother's family of origin, including significant conflict, history of emotional/learning problems: _____

Natural Father's History:

Age: _____ Career/Profession: _____ Education: _____

Any history of drug/alcohol use/abuse: _____ If yes, please describe: _____

Any history of learning/attention problems? _____

Any medical problems? _____ Any evaluation or treatment for emotional problems? _____

Please describe briefly father's family of origin, including significant conflict, history of emotional/learning problems: _____

Step-Parent or other parental figure History:

Age: _____ Career/Profession: _____ Education: _____

Any history of drug/alcohol use/abuse: _____ If yes, please describe: _____

Any history of learning/attention problems? _____

Any medical problems? _____ Any evaluation or treatment for emotional problems? _____

Please describe briefly person's family of origin, including significant conflict, history of emotional/learning problems: _____

Developmental History

Parents' attitude toward pregnancy: _____ Ease of conception: _____

Complications of pregnancy/birth: _____

Post delivery blues or postpartum depression? _____ If so, for how long? _____

Diet/Sleep History: Breast vs. bottle _____ Age weaned _____ Food allergies _____

Early sleep behavior: Sleepwalking, night terrors, dysregulation, etc. _____

Toilet training: Age reached bowel control: day _____ night _____ Bladder control: day _____ night _____

Ease/difficulty with training _____ Current function: _____

Sexual development: Any concerns regarding gender identity? _____

Any suspected history of sexual acting out and/or sexual abuse? _____

Motor development: How is his/her fine motor coordination? _____ Gross motor coordination: _____

Language Development: When did the client: Say several words, besides mama, dada _____ Name several objects _____

Put 3 words together (subject, verb, object) _____ How would you describe the client's: Vocabulary: _____

Articulation: _____ Comprehension: _____ Oral reading fluency: _____

Sensory Processing: Any areas of sensory processing (auditory, visual, tactile) that seem hypersensitive or undersensitive? _____

Social Development: How was the client's attachment with mother growing up? _____

How was the client's attachment to father? _____

How is the client's ability to make, maintain good friendships? _____

Does the client have any significant hobbies or interests? _____

How would you describe the client's current relationships with same-sex peers? _____

How are his/her relationships with opposite sex peers? _____

Behavior/Discipline: How compliant was/is the client as a child? _____ What methods of discipline do/did parents use to shape the client's behavior? _____

Which methods were most successful/least successful: _____

Any history of physical abuse? _____

Do parents/guardians have similar/united discipline methods/philosophy? _____

Emotional Development: How would you describe the client's temperament as a baby (e.g., colicky, happy, content, excitable, curious, etc.)? _____

Any phobias/fears? _____ Any history of emotional abuse? _____

Drug/Alcohol use/abuse: Please list all usage: _____

School History: Current grade: _____ Current School: _____ Average grades: _____

Homework problems: _____ Specific learning problems: _____

What do/did teachers say about the client? _____

Religious Development: What is the client's religious background? _____ Is his/her religious beliefs important to him/her or to the family? _____

Self-Identity Development: What is the client's ethnic/racial background? _____
Has the client experienced any discrimination due to ethnic/racial background? _____
How would you rate the client's self esteem on a scale from 1-10 (with 10 being the highest): _____

Medical History:

Please explain in detail current and past medical problems/concerns: _____

Current medications (with dosage, reason): _____

Any side effects? _____

Are you happy with the current medication regimen? _____

How is the client's current diet? _____

Does the client exercise regularly? (If no, are there any limitations?) _____

How does the client sleep? (How many hours, is it interrupted, is there snoring, etc.) _____

Who is the client's Primary Care Physician? _____

Etc.

What are the client's personal strengths? _____

What are the major stressors in the client's life? Currently: _____

In the past: _____

What resources does the client have in aiding him/her in getting better? _____

Is there anything else we should know about the client or his/her history or present situation that might help us better evaluate and help the client? _____

Thank you very much for your attention to this history/questionnaire. If you recall anything important after you complete it, please feel free to contact the clinician.