



Parent Questionnaire

Child History Form

On the next several pages, you are requested to provide an extensive amount of current and historical information about your son or daughter, or someone that you know well. The more data you provide, the more focused and useful the assessment process will be.

I believe it will take a considerable amount of time and effort to complete this task, and I appreciate your willingness to complete this form quickly. The information requested in this Questionnaire is broad and may include items that might not appear to apply to your child. However, as an expert in pediatric assessment, I must collect all types of information for all clients. Please do not omit any sections, rather, include all information known to the best of your ability. Thank you for being thorough.

Following are a series of questions that ask you to provide responses in pen on ruled paper or by use of a word processor. Items and questions are numbered consecutively; please number your responses likewise, corresponding to the item or question. In addition, begin each response with the same **Key Word** as is printed in bold print at the beginning of each question. While I recognize that I am requesting a lot of thought and writing, I hope to ultimately save time and more efficiently provide you with the highest quality service.

Client	_____
Prepared by	_____
Relationship to Client	_____
Date	_____
Person financially responsible for account	_____

Please send personal information and responses to questionnaires to Dr. Newton using secure technology and not as a routine email attachment. A link to an easy-to-use encryption service is available on the PlusFour Solutions website, for just this purpose. You do not have to register; you simply attach the document(s) to an email message and hit "send."

Use separate pages for responses, do not write here

Reason for Evaluation

1. Briefly describe the problems or concerns that prompted the decision for this evaluation.
2. For how long has there been a history of these concerns?

Family History and Dynamics

3. **Family Members:** List the members of the child's family of origin including siblings, stepparents, stepsiblings, etc. Give the name of the family member (first and last), current age, area of residence and career or area of employment for each. Note year of death if applicable.
4. **Living Arrangements:** Please describe current living arrangements. Include blended family members, with whom the child lives, and custody and visitation arrangements, if applicable.
5. **Ethnicity and Family Culture**
 - a) Where was this child born?
 - b) What is the ethnicity of the biological parents and how would you describe the ethnicity of this child?
 - c) What language is spoken in the home on a routine basis?
 - d) What other languages are spoken in the home?
 - e) Describe the extent to which cultural / country of origin practices are part of the home life.
 - f) To what extent are matters of faith and religion a part of this child's life? Is a place of worship attended on a regular basis?
6. **Family History**

Provide a chronological listing, with month and year when possible, of major family events. This list should include moves, births, deaths, major illnesses, major financial shifts, persons coming to live in the home and any other event that has been traumatic or significant.
7. **Family Dynamics**
 - a) Who lives in the primary home with the child?
 - b) To what extent does this child participate in family activities (i.e., meals, holidays, birthdays)?
 - c) How well does this child get along with siblings?
 - d) Is this child alienated particularly from either parent?
 - e) Who acted as the primary care giver to this child prior to adolescence?
 - f) Who is the primary parent and what is the nature of the bond between this child and each parent?
 - g) Have there been nannies or au pairs involved in this child's life?
 - h) Has this child ever lived outside of the primary home for long periods of time?
8. **Parental Dynamics**
 - a) Discuss the health of the marital relationship from each parent's perspective.
 - b) Describe parental personality or emotional traits that may contribute to stress within the family.
 - c) Contrast the parenting style of each parent.
 - d) Describe this child's ability to split and manipulate each parent.

Educational History

Please provide school records, report cards, copies of school related documents. Either make clear and legible copies of all documents or provide the file for Dr. Newton to review.

9. Does the child like school?
10. Provide a list, by grade, of the schools this child has attended and is currently attending.

11. Include academic progress and comments as well as social/behavioral progress and comments for *each grade*. Describe any comments, concerns or questions raised by teachers, tutors or school personnel.
12. Describe any educational programs and tutoring in which this child has participated (i.e., Gifted and Talented Program (GATE), Sylvan Learning, Kumon, etc.).
13. Has this child received/qualified for Special Education Services (SST / 504 Plan / IEP)? If yes, please describe what services the child has received or is receiving and the dates of any Individualized Educational Plan (IEP/504 Plan).
14. Please list, by relationship to the child, anyone in the immediate or extended family (including parents, siblings, grandparents, aunts and uncles, cousins) with a history of learning disabilities.

Developmental History

15. Pregnancy

- a) Please describe the biological mother's health during pregnancy.
- b) Did the mother use alcohol, marijuana or other drugs during the pregnancy?
- c) Describe the delivery and any complications, birth defects and APGAR score if known.

16. Milestones

- a) Please describe developmental milestones including approximate ages for crawling, walking, talking and toilet training.
- b) Did problems with bed wetting or soiling continue later into childhood?
- c) Address motor coordination, speech, stamina and strength.

17. **Evaluations** If your child has been evaluated previously and there are prior psychological, psycho-educational, educational, speech/language, occupational therapy assessments, please list the providers and dates of testing, and provide copies of the test reports.

Social History

18. Relationships

- a) How well does this child relate to his/her peers? With adults?
- b) Does this child associate primarily with peers his or her own age? Older peers? Younger peers?
- c) Does this child make positive choices in friendships? What does he/she value in a friendship? Are there problem or risky behaviors associated with this child's friends?
- d) How well does this child meet new people?
- e) Is the child comfortable in social settings? How well does this child handle novel social situations?
- f) If applicable, at what age did you begin to see problem behaviors or attitudes in this child?

19. Hobbies and Interests

- a) What are this child's hobbies and extracurricular activities?
- b) How does this child prefer to spend leisure time?
- c) Comment on time spent with television, books, video games and the Internet.
- d) Describe any sports involvement.
- e) What day camps or overnight camps has this child attended?

Medical History

20. Health History

- a) Describe this child's health. Are there any chronic health problems (asthma, diabetes, etc.)?
- b) Are there dental or orthodontic problems?
- c) When was this child's last physical examination? Are all immunizations up to date?
- d) Does this child wear glasses or contacts? When was the last vision screening?
- e) Does this child have trouble hearing? When was the last hearing screening?
- f) Describe all medical hospitalizations, major illnesses and history of seizures or convulsions.
- g) Please list any head trauma and indicate associated concussion and/or loss of consciousness.
- h) Address any poisonings or episodes of coma.

21. Medicine

- a) List all medications your child is taking (prescription and over-the-counter) along with the dosage and reason for each.
- b) If applicable, also include a history of past psychiatric medications with the child's response and the reason for stopping the medication; include ages and dates.

22. Sleep

- a) Describe how well this child sleeps. How well does this child settle down to sleep?
- b) Is this child a restless sleeper? Does he/she sleep through the night?
- c) Is there an inverted sleep routine (up late at night, sleep all day)?
- d) Are there any routines or rituals associated with bedtime and/or sleep?
- e) Have there been any recent changes in the child's sleep patterns?
- f) Does his child experience nightmares or night terrors? Sleep Walking? Sleep talking?
- g) Does this child take any medication for sleep?

Mental Health Background

23. Family Mental Health Concerns Please list, by relationship to the child, anyone in the immediate or extended family (including parents, siblings, grandparents, aunts and uncles, cousins) with a history of mental illness, emotional instability, eating disorder, depression, anxiety or extended mental health treatment.

24. Inpatient Treatment Please provide dates, duration, treating physicians, reason/diagnoses and location of any inpatient psychiatric hospitalizations.

25. Outpatient Treatment List in chronological order, with dates and duration, all counseling and therapy in which your child has been involved. Please provide names of therapists, contact information, reason and outcome of the therapy or outpatient treatment.

26. Self-Harm

- a) Has this child ever attempted suicide? Threatened suicide?
- b) Has this child ever scratched, cut or burned himself or herself deliberately *without* the intent of dying?
- c) Has this child known anyone who attempted or committed suicide? Is there a family history of self-harm or suicide?

27. Abuse Describe any known episodes of physical, emotional or sexual abuse or trauma that this child has experienced.

28. Substance Abuse

- a) Please describe any/all known experimentation with cigarettes, marijuana, alcohol and other drugs. If known, give approximate date of initial use.
- b) In your opinion, does this child have a substance abuse or dependency problem?
- c) To what extent is the child's smoking, alcohol use or drug use out in the open versus hidden and secretive?
- d) Does this child associate with peers who abuse illegal substances?
- e) Do any relatives have a history of substance abuse, dependence or treatment for alcohol or drug use?

Legal History

- 29. Describe any history of illegal involvement for this child (i.e., shoplifting, citations for curfew violation, tagging, possession of illegal substances, DUI, etc.).
- 30. Has this child ever been in juvenile hall? If yes, provide dates and length of stay.
- 31. Is there a history of legal problems for anyone else in the family?
- 32. Is there a family history of violence? Does anyone in the family own a gun?
- 33. Does this child have access to a gun or other weapons?
- 34. Has Social Services or Child Protective Services (CPS) ever been involved with the family?