Feil & Oppenheimer Psychological Services

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Parent Questionnaire

Relationship of Person Completing Form to Child:_____

Child's Name:_____ Today's Date:_____

Address:_____ Phone:_____

Sex:_____ Religion:_____ Date of Birth:_____ Age:_____

Parent's Name:_____ Occupation:_____

Place of Employment:_____ Highest Level of Education:_____

Parent's Name:_____ Occupation:_____

Place of Employment:_____ Highest Level of Education:_____

Who of the following adults currently lives with the child in the same home? (Please check all that apply)

( ) Biological Mother ( ) Biological Father ( ) Grandfather
( ) Stepmother ( ) Stepfather ( ) Grandmother
( ) Adoptive Mother ( ) Adoptive Father ( ) Aunt or Uncle
( ) Other (Specify)_____

Who of the following non-residential adults have close contact with the child even though they do not reside at home?

( ) Biological Mother ( ) Biological Father ( ) Grandfather
( ) Stepmother ( ) Stepfather ( ) Grandmother
( ) Adoptive Mother ( ) Adoptive Father ( ) Aunt or Uncle
( ) Other (Specify)_____

Are you currently ( ) married ( ) widowed ( ) divorced
( ) separated ( ) have never been married?

Siblings:

	Name	*Sex*	*Age*	*Health*	*Education*	*Lives at Home yes/no*
1.						
2.						
3.						
4.						
5.						
6.						

In what kind of home do does the child live? ( ) private ( ) duplex

( ) apartment building ( ) other_____
Is the dwelling ( ) owned or ( ) rented?

Medical History

Pregnancy with Child - Planned? ( ) yes ( ) no

Mother's Age at Time of Pregnancy ___ Duration of Pregnancy ___(Months)

Complications (check if present)

( ) excessive bleeding	( ) weight loss	( ) rash
( ) excessive vomiting	( ) kidney trouble	( ) swelling
( ) excessive weight gain	( ) x-rays	( ) fever
( ) infections	( ) other _____	

Did the mother take any medications during pregnancy? ( ) yes ( ) no
If yes, what did she take? _____

Delivery - During Delivery, was (check all that apply)

( ) mother ill	( ) baby in danger during labor	
( ) cord around neck	( ) Caesarean section	( ) breech
( ) labor induced	( ) multiple birth	
( ) excessive blood loss	( ) other _____	

Duration of Labor? _____(hours) Birth Weight _____

Other Problems (if any): _____

Post Delivery Period - In hospital was baby:

( ) in incubator	( ) given oxygen	( ) having rashes
( ) transfused	( ) very quiet	( ) very active
( ) kept over 5 days	( ) having difficulty breathing	
( ) jaundiced	( ) having difficulty sucking	
( ) other:_____		

Developmental History - At what age did your child begin to:

Smile_____	rollover_____	sit up_____
Use single words_____	reach for objects_____	use a cup_____
Speak in sentences_____	stand up_____	walk alone____
use a spoon_____	tie shoes_____	

Please list any accidents, injuries, or operations your child has had:

INCIDENT	*AGE*	*HOSPITALIZED YES/NO*
1._____		
2._____		
3._____		

4._____

Please list any unusual or traumatic family events that have occurred:

INCIDENT *CHILD'S AGE*

1._____

2._____

3._____

4._____

Has your child ever been unconscious? ( ) yes ( ) no

For how long? _____

Who is your child's physician?_____

When did your child last have a physical exam?_____

Please list any medications your child is presently taking._____

_____

Allergies? _____

Has your child ever had a psychological evaluation prior to this one?

( ) yes ( ) no If so, by whom?_____

What is their address?_____

Has your child ever had psychiatric, psychological, or mental health treatment before?

( ) yes ( ) no If so, by whom?_____

What is their address?_____

Additional Comments:_____

_____

_____

Educational History

Child's Current School:_____ Grade:_____

Teacher's Name:_____ Principal's Name:_____

Other School Personnel Involved with Your Child:_____

_____

Please list other schools your child has attended:

SCHOOL	DATES	PROBLEMS (if any)
1.		
2.		
3.		
4.		

Additional Comments:_____

_____

_____

Entrance Complaint

For what reasons was your child referred to me?_____

_____

_____

By whom?_____

What thoughts do you have regarding the possible causes for the problem(s)?_____

_____

_____

Is there anything else that I should know?_____

_____

_____

_____

_____

_____

_____

_____