

If no, please contact me via _____

Email: _____ May I email you? Yes No
*please note: email correspondence is not considered to be a confidential medium of communication

Please provide the following information about your child:

Behavioral Excesses:

What does your child currently do too often, too much, or at the wrong times that gets him/her in trouble? Please list all the behaviors you can think of.

Behavioral Deficits:

What does your child fail to do as often as you would like, as much as you would like, or when you would like? Please list all the behaviors you can think of.

Behavioral Assets:

What does your child do that you like? What does he /she do that other people like?

Specific Concerns:

1. How would you rate child's current physical health? (please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific health problems child is currently experiencing:

2. How would you rate child's current sleeping habits? (please circle)

Poor Unsatisfactory Satisfactory Good Very good

Please list any specific sleep problems child is currently experiencing:

3. How many times per week does child generally exercise?

What types of exercise does s/he participate in?

4. Please list any difficulties child experiences with his/her appetite or eating patterns:

5. Is child currently experiencing overwhelming sadness, grief or depression?

No Yes If yes, for approximately how long? _____

6. Is child currently experiencing anxiety, panic attacks or have any phobias?

No Yes If yes, when did s/he begin experiencing this? _____

7. Is child currently experiencing any chronic pain?

No Yes If yes, please describe: _____

8. To your knowledge, does child drink alcohol more than once a week?

9. To your knowledge, how often does child engage in recreational drug use?

Daily Weekly Monthly Infrequently Never

11. To your knowledge, is child currently in a romantic relationship?

No Yes If yes, for how long? _____

12. What significant life changes or stressful events has child experienced recently?

Others Concerns:

Do you have any other concerns about your child or your family that you have not mentioned yet?

Obesity Yes / No _____
Obsessive Compulsive Behavior Yes / No _____
Schizophrenia Yes / No _____
Suicide Attempts/Completion Yes / No _____

Education History:

What school does your child attend?

Address:

Phone: _____ Teachers Name: _____

Current Grade: _____

What does your child's teacher say about him/her?

Has your child ever repeated a grade? If so which one(s)

Has your child ever received special education services?

Has your child experienced any of the following problems at School?

Fighting	lack of friends	drug/alcohol	detention
Suspension	learning disabilities	poor attendance	poor grades
Gang influence	incomplete homework	behavior problems	

Medical History:

What is the name of your child's medical doctor? _____

Address: _____ Phone: _____

Date of your child's last medical examination: _____

Did the child's mother smoke tobacco or use any alcohol, drugs or medications during the pregnancy? If so, please list which ones:

Did the child's mother have any problems during the pregnancy or at delivery? If so, Please describe them:

Has your child experienced any of the following medical problems?

A serious accident	Hospitalization	Surgery	Asthma
A head injury	High fever	Convulsions/seizures	
Eye/ear problems	Meningitis	Hearing problems	
Allergies	Loss of consciousness	Other	

Please list any current medical problems or physical handicaps:

Please list any medications your child takes on a regular basis:

Other History:

Has your child ever experienced any type of abuse (physical, sexual, or verbal)? If so please describe:

Has your child ever made statements of wanting to hurt him/her self or seriously hurt someone else?

Has he/she ever purposely hurt himself or another?
If yes to either question please describe the situation:

Has your child ever experienced any serious emotional losses (such as a death of or physical separation from a parent or other caretaker)? If yes, please explain:

Finally, what are some of the things that are currently stressful to your child and his/her family?