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CHILD OR ADOLESCENT INFORMATION QUESTIONNAIRE

Date:

Child/Adolescent Name: _____ Sex: Male/Female

Date of Birth: _____ Age: _____

Mother: _____ Father _____

Person Completing this Form: Mother _____ Father _____ Other _____

Currently this child/adolescent:

Lives with both parents in same household _____

Lives only with mother _____ or father _____ or shared parenting _____

Siblings: gender and age: _____ / _____ / _____

Is this a birth child ___ or adopted ___

MEDICAL INFORMATION

Any current medical problems? Describe:

On any medications? List medication and dosage:

Any history of serious illnesses, accidents, head injuries or other conditions?

Have there been any significant changes in the child's life such as moves, illnesses in the family, deaths, divorce, changes in schools, loss of pets etc.? Describe:

PRENATAL HISTORY

Mother's pre-pregnancy history:

Any complications during the pregnancy, labor or delivery?

Birth Weight: _____ Apgar Scores _____

DEVELOPMENT

Any behavioral or physical concerns in the first year of life? _____ Describe:

Developmental concerns such as crawling/walking/speech/potty training?

Did/does child attend pre-school? _____ Any concerns about learning, behavior or social development?

What grade is child/adolescent in at this time? Name of school and teacher?

Is he/she in any Special Education program, including speech and language? For how long?

Have there been any concerns or observations made by teachers or school staff?

How would you evaluate your child's school learning performance?

Any problems with fine motor skills such as handwriting or art?

Large motor skills such as throwing a ball, riding a bicycle?

Speech and Language: are there any problems with pronouncing words or expressing ideas and thoughts?

Does the child/adolescent seem to like school?

What are his/her favorite parts of school?

Least favorite parts?

FRIENDSHIPS

Does your child/adolescent have friends and about how many?

Do they get together outside of the school setting?

What activities do they do together?

Social Behavior at home with siblings and family members?

In the community such as in stores, parks and during travel experiences?

Has your child/adolescent ever had any of the following problems:

- Temper tantrums
- Being rejected or made fun of by peers
- Being bullied or manipulated by peers
- Trouble making or keeping friends
- Shyness
- Nightmares
- Bedwetting or soiling at night or in daytime
- Aggressive/picking fights
- Frequent crying
- Serious discipline problems at school
- Arguing a lot
- Immature for age in some areas
- Cannot concentrate, sit still or follow through with directions
- Difficulty with transitioning from one activity to another
- Difficulty with things that are "unexpected"
- Sleep problems
- Eating or appetite problems
- Very fearful/anxious
- Making statements about self harm
- Seems unhappy, sad or depressed
- Refuses to go to school
- Clings to parents or caregivers
- Gets hurt a lot/accident prone
- Physical problems without known medical reasons: headaches, stomach aches, aches and pains
- Other:

Have you been concerned about the use of drugs , alcohol or cigarettes by your child?

Does your child seem to be able to understand the meaning of facial expressions and nonverbal communication of others, like when someone looks bored with a conversation topic?

Is your child able to see a situation from the point of view of another person? (example: if a friend is mad or sad, can the child see the possible reason for that reaction?)

Is your child more likely to show concern by making someone feel better or trying to solve the problem when others are hurt, upset or need help?

Difficulty with changes in schedule or routine:

Great need for order and sameness (rigid about how things are done or arranged):

Sensitivity to food textures, clothing, preference for foods, refusal to wear certain clothes:

Difficulty with understanding humor:

What are his or her strengths?

What are his or her areas of particular challenge?

What do you feel are your areas of strengths in parenting?

Areas that you need help with?

What changes would you like to see in your child/adolescent as a result of treatment?