FAMILY HISTORY QUESTIONNAIRE

Client Name: ___________________________ D.O.B:________________ Age: _______

PRESENTING PROBLEM

Reason for Referral: ____

____

____

When and how were you first made aware of this problem? _________________________

____

How often does the behavior occur? ____

How long does it last? ____

On a scale of 1-100 (Mild-Severe) How intense would you rate the behavior? __________

Does you child exhibit difficulties: At Home? Yes/No At School? Yes/No

Explain: ____

Does your child currently have a diagnosis? _______________________________________

Other professionals involved with your child (e.g. pediatrician, psychologist, school counselor, etc): ____

Previous psychological/psychiatric evaluation and/or treatment: ______________________

____

DEVELOPMENTAL / HEALTH FACTORS

Complications during pregnancy: ____

____

Tobacco, alcohol, or drug consumption (amount and during which months):____________

____

Type of Birth: Vaginal/ Cesarean

Weight of baby at delivery:__________________ APGAR score (if known):___________

Complications during delivery: ____

If delivered cesarean, what was the reason? _______________________________________

Health problems for mother during delivery? ______________________________________

Health problems for child during delivery? _______________________________________

Physical problems during infancy or childhood (besides normal colds, flu, etc.):_________

Hospitalizations, accidents, or surgeries: ____

____

Medications currently being taken, dosage, and reason: ____________________________

____

Problems with vision? Yes/ No Wears glasses? Yes/ No

Problems with hearing? Yes/ No ____

Motor Concerns (coordination, balance, fine/gross motor skills)? Yes/ No ___________

____

Have you ever had difficulty understanding your child's speech? Yes/No _____________

____

Does he/she have trouble expressing himself/herself? Yes/ No _____________________

____

Has your child ever received speech therapy? Yes/ No ______________________________

Were there any delays in development? ____

Has anything unusual or out of the ordinary occurred in your child's development? _____

____

FAMILY HISTORY

Mother's name: _______________________ Father's name _______________________

Occupation: _________________________ Occupation: __________________________

Marital status of parents? Married Separated Divorced Widowed Remarried

How many years married? _____ How long have you been separated/divorced? _____

If separated, who has custody? ____

What is the nature of contact with the noncustodial parent? ________________________

Who lives in the home?

	Name	Age
Father		
Mother		
Stepfather		
Stepmother		
Grandparents		

Brothers ______________________________

Sisters ______________________________

Other ______________________________

Describe mother's relationship with the child: ______________________________

____

Describe father's relationship with the child: ______________________________

____

Describe siblings' relationships with the child: ______________________________

____

How and who disciplines your child? ______________________________

____

Family strengths: ______________________________

Family challenges: ______________________________

Briefly describe a typical evening in your household: ______________________________

____

____

Describe the family history of psychiatric/psychological, academic, legal and substance abuse problems? ______________________________

____

EDUCATIONAL BACKGROUND

Schools Attended Grades

____

____

____

____

____

____

Grades repeated or held back: ____________________

Describe academic/behavioral difficulties: ______________________________________

____

____

When did these problems begin? ____

How does your child's motivation compare to his/her peers? _________________________

Does your child have difficulty with homework? __________________________________

Does your child have an accommodation plan at school? If so, what accommodations?

____

What interventions have been attempted to improve school performance?

____

____

What has worked/not worked? ____

What is child's best/favorite subject? __________________ Least favorite?____________

Briefly describe areas of difficulty that you or your child's teacher have noticed (be specific):

Reading (e.g. letter/sound identification, vocabulary, reading speed, comprehension)

____

____

Writing (e.g. letter/number reversals, handwriting, grammar) ________________________

____

Mathematics (e.g. calculation, word problems, speed, accuracy) _____________________

____

Behaviors (e.g. organization, following directions, impulse control, social) ____________

____

SOCIAL /EMOTIONAL DEVELOPMENT

Describe your child's temperament during infancy and early childhood (e.g. Happy, quiet, hyperactive, colicky, etc): ____

How does your child get along with peers?_______________________________________

What age friends does child prefer? (Circle) Same Age Older Younger

Activities your child enjoys:____

Describe any current social/emotional concerns? __________________________________

____

Behavioral difficulties at home: ____

____

Traumatic events experienced (e.g. death of someone close, abuse, divorce):___________

____

Circle any of the following that have been exhibited by your child:

temper tantrums	trouble sleeping	nightmares
bed wetting	rocking	poor bowel control
fire setting	dangerous behaviors	prefers to be alone
harming animals	running away	refuse to go to school
head banging	excessive crying	seems depressed
inattention	poor appetite	aggression
hyperactivity	defiance	excessive worry
motor/vocal tics	suicidal	poor frustration tolerance

What are your child's strengths? ____

____

What are you child's weaknesses? ____

____

ADDITIONAL INFORMATION

What are your expectations for coming to this office? _______________________________

____

Any additional information that would assist in working with your child? ______________

____

____

Is there any other problem or question that you would like addressed or any other are in which you need assistance? ____

____