

Date: ____ / ____ / ____

To the parent(s):

It is extremely important that you provide as much information about your child (and family) as possible. The effectiveness of therapy is highly dependent upon the therapist's awareness of what is going on in the family beyond what is simply going on with the child.

PARENT QUESTIONNAIRE:

Child's Full Name: _____ Age ____ Birth Date: ____ / ____ / ____

Parent completing this form: _____

Parents' names:

Mother _____ Father _____

Step family? ____Y ____N

Step mother _____ Step father _____

With whom does the child reside? _____

Adoption situation? ____Y ____N Do you suspect Reactive Attachment? ____Y ____N

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.

Emotional Problems: Please define:

Depression: Describe

Anxiety: Describe

Anger: Describe

Behavioral Assets:

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

Other Concerns:

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

Thoughts of suicide?; if so, how recent?

Thoughts of homicide?

From your preceding list of your child's behavior and your family concerns, what problem behaviors do you want to see change FIRST?

What prompted you to seek out treatment NOW?

Who referred you or how did you hear about Ray Messer?

What discipline/punishment and/or reward techniques have you tried (e.g., time-out, spanking, taking away privileges, yelling, sending to their room, opportunity to earn treats, etc.)?

What does your child value the most? _____

Who is the more strict parent? (e.g., mom, dad, or both parents equally?) _____

What does your child enjoy doing? (e.g., hobbies, extracurriculars, favorite things to play/do) :

School History:

What school does your child attend? _____

Current Grade: _____ Teacher's Name: _____

Other schools attended (including Preschool)

Are you happy with your child's school/teacher? _____

What are your child's current grades in school? _____

Have your child's grades changed substantially in recent months (or since last school year)?

Do you struggle getting your child to do his/her homework? _____

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

What does your child's teacher say about your child?

Has your child ever received special education services/is there an "IEP"? If so, please describe:

Has your child experienced any of the following problems at school or in the community? (check all that apply)

- fighting
- suspension
- gang influence
- expulsion
- bullying
- sexting (victim or perpetrator)
- lacks friends
- learning disabilities (please identify): _____

- incomplete homework
- drug/alcohol
- poor attendance
- detention
- poor grades (always or just recently?)

Socially, does your child tend to be more of a leader or follower?

Does your child seem socially awkward at times (e.g., have difficulty joining in play, starting conversations with peers?)

Medical History:

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

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? Y N If so, please list which ones:

_____]

Were there any problems during the pregnancy or at delivery? Y N
If so, Please describe them:

Has your child experienced any significant medical problems?

Has your child experienced a serious accident? _____ head injury? _____

If yes to either question, please describe:

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

Does your child ___wet or ___soil the bed? Y N (If yes, how often?_____)

Does your child ___wet or ___soil him/herself during the day? Y N (if yes, how often?_____)

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

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

Family History:

Mother's history: age: _____

Occupation: _____

Education (highest level completed): _____

Learning or behavioral problems? (please specify): _____

Medical or emotional/mental health problems? (please specify): _____

Father's history: age: _____

Occupation: _____

Education (highest level completed): _____

Learning or behavioral problems? (please specify): _____

Medical or emotional/mental health problems? (please specify): _____

Biological parent(s)' history: If the above parents are not biological relatives, please include any medical/mental health/educational history you know about the child's biological parent(s):

Siblings' history: Please describe any learning, behavioral, emotional, or physical issues that any of your other children are currently experiencing or have experienced in the past:

Have there been any parental separations, divorce, custody changes, moves, deaths, illnesses, traumatic events, or other important family events?

Are there **current** family stressors? (e.g., parental fighting, sibling illness, financial stresses, etc.)

Please describe any past counseling that either your child or any family member has had: Please note if the therapist held separate sessions to teach parenting skills?

Is there a history or current use of drugs by family members?
