

Lisa Dumain, MSW, LCSW
919-818-6622

PARENT QUESTIONNAIRE

Date _____ Form Completed By _____

Child's Full Name _____ Birthdate _____

Address _____

Home Phone _____ Safe to Leave a Message? Y/N

Insurance Co. _____ Subscriber ID# _____

Father's Name _____

Address (if different) _____

Contact Phone Number(s) _____

Occupation, Employer _____ Education Level _____

Mother's Name _____

Address (if different) _____

Contact Phone Number(s) _____

Occupation, Employer _____ Education Level _____

Marital Status _____ If parents are separated/divorced, date: _____

With whom does the child live? _____

Who has physical custody? _____ Legal custody? _____

List all other persons living in the home:

Name	Age	Relationship to Child	Present Health

List any other people who care for the child a significant amount of time:

Name	Relationship to Child

CHILD

Pregnancy and Birth: Any Complications? Yes No; If yes, briefly explain: _____

Developmental Milestones: (Ages) Sitting:_____ Walking:_____ Talking:_____ Toilet Trained:_____

Medical Problems: Yes No; If yes, briefly explain: _____

Please list any jobs or chores your child has and how well does your child do these jobs at home or at school. (For example, feeding the dog, making the bed, hall monitor)

None

	Poor			Great	
1. _____	1	2	3	4	5
2. _____	1	2	3	4	5
3. _____	1	2	3	4	5

What are your child's strengths? _____

How many close friends does your child have? None 1 2 or 3 4+

How many close friends in the neighborhood does your child have? None 1 2 or 3 4+

How many times/week does your child do things with them? None 1 2 or 3 4+

Compared to other children his/her age, how does your child get along with other children?

What are your child's favorite recreational or extracurricular activities? _____

Comments: _____

Who generally disciplines the child? _____ What methods are used? _____

Do parents agree on methods or discipline? Yes No; If no, please explain: _____

SCHOOL HISTORY

Has child been enrolled in a nursery or day care? Yes No At what age? _____

Has child attended kindergarten? Yes No At what age? _____

Has child begun elementary school? Yes No

At what age did he/she enter first grade? _____ What is present grade placement? _____

If your child has ever been to school (including nursery, kindergarten, and grade school) complete the following for all grades beginning with nursery and ending with current placement. Please indicate if your child repeated or is in a special class (gifted/talented, learning disabled, behavior disordered, emotionally handicapped, etc.).

Grade	School	Comments

Current school performance (for children aged 6 and older):

Does not go to school

	Failing	Below Average	Average	Above Average
Reading				
Writing				
Math				
Spelling				

Other academic subjects (history, science, foreign language, geography, etc.)

-
-
-
-

PARENTAL CONCERNS

What do you feel is your child's main problem? _____

What do you feel caused your child's problem? _____

What have you been told by doctors, teachers, and/or others about your child's problems? _____

Has your child had any other mental health evaluations or treatment? _____

Has any other member of your child's immediate family had mental health treatment? _____

Child's general medical history: _____

List any medications child is currently taking: _____

List child's allergies/allergic reactions: _____

Please describe the use of alcohol or other substances in the home: _____

(Signature) Parent or guardian