

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 your 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 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 _____

Ages your child began to: Sit up ____ Crawl ____ Walk ____ Potty Train ____

Say first words ____ Put two words together ____ Speak in sentences ____

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 _____

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?

When/where does child do homework? _____ Who helps? _____

What interventions have been attempted to improve school performance?

At home? _____

At school? _____

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? _____