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Questionnaire

I see children of all ages with differing problems, so some questions may be irrelevant to your child. You may ignore questions that do not apply or add additional details on the last page.

Your Ch	ild's F	Preferred Name	Preferred Pronouns	Gender	
Full Legal Name			Birthdate	Birth Sex	
Race and Ethnicity				Birthplace (city, state)	
Reli	gious	or Secular Beliefs or Affiliations			
Person	Who C	Completed This Questionnaire			
Referred	д Ву				
Pediatri	cian o	r Primary Care Physician			
	-	·	vitamins, herbals, supplements, or alternative me		
Current		Name	Dose	Reason or Purpose	
	0				
	0				
	0				
List any	evalua	ations your child had at school or priva	te practices, clinics, or agencies.		
		or attach copies of past evaluations, rel		Talla ta Dai	
school i	ntorma	ation, report cards, standardized test s	cores, etc.	Today's Date	

	al 🗆		Was that the ori	ginal plan? □ yes □ no
If your child was born at home, did the mother and child stay at If your child was not born at home, were the mother and child contain the stay at the stay of the stay at the stay of the stay at the stay of the				
Did your child breath or cry right away? ☐ yes ☐ no				
Yes No Were there any of the following?	Yes	No		
□ □ "high-risk" pregnancy			prolonged labor (longer t	:han 4 hours)
□ □ complications			induced labor	,
□ □ born premature (less than 39 weeks in the womb)			planned or emergency C	aesarian or C-section
□ □ low birth weight (less than 5 pounds, 8 ounces)			breech delivery (feet first)
□ □ Rh+ or a blood transfusion			use of suction or forceps	3
□ □ low Apgar score			NICU (neonatal intensive	care unit) services
□ □ jaundice			use of anesthesia	
□ □ water broke more than 24 hours before delivery			seizures	
	ypical	Late	r than Desc	ribe any concerns about
When could your child do the following? Age	Age			velopmental milestones.
walk, holding on to something months			<u></u>	
walk, without holding on to anything months			<u> </u>	
understand "no" months			<u> </u>	
say single words like "mama" or "dada" months speak, putting 2 or more words together months			<u></u>	
			<u></u> D	
use a toilet consistently, during the day years stay dry overnight years			<u></u>	
How many hours does your child sleep per night? Doe Yes No Has your child ever had any of the following?	es your Yes		l get enough sleep? □ Ye	s □ No □ I'm not sure
O developmental deleva		No	famili, man,	_
developmental delays			family move	noctic violence or abuse
□ □ surgeries, operations or hospitalizations			lived in a home with dom	
□ □ surgeries, operations or hospitalizations □ □ serious illness			lived in a home with dom witnessed violence or ab	use
 □ surgeries, operations or hospitalizations □ serious illness □ seizures 			lived in a home with dom witnessed violence or ab physical or sexual abuse	use
 □ surgeries, operations or hospitalizations □ serious illness □ seizures □ head injuries 	0		lived in a home with dom witnessed violence or ab physical or sexual abuse spanked or punished too	use o hard
□ □ surgeries, operations or hospitalizations □ □ serious illness □ □ seizures □ □ head injuries □ □ chronic ear infections	0		lived in a home with dom witnessed violence or ab physical or sexual abuse spanked or punished too talking about suicide or v	use o hard
□ □ surgeries, operations or hospitalizations □ □ serious illness □ □ seizures □ □ head injuries □ □ chronic ear infections □ □ allergies			lived in a home with dom witnessed violence or ab physical or sexual abuse spanked or punished too talking about suicide or v suicide attempt	hard wanting to be dead
□ □ surgeries, operations or hospitalizations □ serious illness □ seizures □ head injuries □ chronic ear infections □ allergies □ weight loss □ weight gain			lived in a home with dom witnessed violence or ab physical or sexual abuse spanked or punished too talking about suicide or v suicide attempt talking about seriously ha	hard vanting to be dead arming someone else
□ □ surgeries, operations or hospitalizations □ serious illness □ seizures □ head injuries □ chronic ear infections □ allergies □ weight loss □ weight gain □ delayed or skipped a childhood immunization			lived in a home with dom witnessed violence or ab physical or sexual abuse spanked or punished too talking about suicide or v suicide attempt	hard wanting to be dead arming someone else n someone else
□ surgeries, operations or hospitalizations □ serious illness □ seizures □ head injuries □ chronic ear infections □ allergies □ weight loss □ weight gain □ delayed or skipped a childhood immunization □ exemption from immunizations			lived in a home with dom witnessed violence or ab physical or sexual abuse spanked or punished too talking about suicide or validing about seriously har attempt to seriously harm	hard wanting to be dead arming someone else n someone else
□ surgeries, operations or hospitalizations □ serious illness □ seizures □ head injuries □ chronic ear infections □ allergies □ weight loss □ weight gain □ delayed or skipped a childhood immunization □ exemption from immunizations □ medical conditions I should be aware of			lived in a home with dom witnessed violence or ab physical or sexual abuse spanked or punished too talking about suicide or visuicide attempt talking about seriously harmorunning away from home	hard wanting to be dead arming someone else n someone else
□ surgeries, operations or hospitalizations □ serious illness □ seizures □ head injuries □ chronic ear infections □ allergies □ weight loss □ weight gain □ delayed or skipped a childhood immunization □ exemption from immunizations □ medical conditions I should be aware of □ chiropractic services or massage therapy			lived in a home with dom witnessed violence or ab physical or sexual abuse spanked or punished too talking about suicide or visuicide attempt talking about seriously hattempt to seriously harm running away from home approached for sex	hard hard hard hard hard hard hard hard
□ surgeries, operations or hospitalizations □ serious illness □ seizures □ head injuries □ chronic ear infections □ allergies □ weight loss □ weight gain □ delayed or skipped a childhood immunization □ exemption from immunizations □ medical conditions I should be aware of			lived in a home with dom witnessed violence or ab physical or sexual abuse spanked or punished too talking about suicide or validing about seriously hattempt to seriously harm running away from home approached for sex arrest(s) or involvement i	hard hard hard hard hard hard hard hard
□ surgeries, operations or hospitalizations □ serious illness □ seizures □ head injuries □ chronic ear infections □ allergies □ weight loss □ weight gain □ delayed or skipped a childhood immunization □ exemption from immunizations □ medical conditions I should be aware of □ chiropractic services or massage therapy			lived in a home with dom witnessed violence or ab physical or sexual abuse spanked or punished too talking about suicide or validing about seriously hattempt to seriously harm running away from home approached for sex arrest(s) or involvement i	hard hard hard hard hard hard hard hard
□ surgeries, operations or hospitalizations □ serious illness □ head injuries □ chronic ear infections □ allergies □ weight loss □ weight gain □ delayed or skipped a childhood immunization □ exemption from immunizations □ medical conditions I should be aware of □ chiropractic services or massage therapy □ naturopath services			lived in a home with dom witnessed violence or ab physical or sexual abuse spanked or punished too talking about suicide or valicide attempt talking about seriously had attempt to seriously harmorunning away from home approached for sex arrest(s) or involvement i illegal activities that were	hard hard hard hard hard hard hard hard
□ surgeries, operations or hospitalizations □ serious illness □ head injuries □ chronic ear infections □ allergies □ weight loss □ weight gain □ delayed or skipped a childhood immunization □ exemption from immunizations □ medical conditions I should be aware of □ chiropractic services or massage therapy □ naturopath services Describe any of the above marked yes.		vithin	lived in a home with dom witnessed violence or ab physical or sexual abuse spanked or punished too talking about suicide or valicide attempt talking about seriously had attempt to seriously harmorunning away from home approached for sex arrest(s) or involvement i illegal activities that were	hard hard hard hard hard hard hard hard

Have you spoken to o	r met v	vith your	child'	s: □ teacher □ school counselor □ principal □		
How many problems at school did your child have each school year?						
, реголи	none	some		Name of School(s)		
Daycare						
4-year-old Preschool						
Kindergarten						
1 st Grade						
2 nd Grade						
3 rd Grade						
4 th Grade						
5 th Grade						
6 th Grade						
7 th Grade						
8 th Grade						
9 th Grade						
10 th Grade						
11 th Grade						
12 th Grade						
Describe any problem	Describe any problems at school.					

No Has your child ever had any of the following? No Yes Yes special preschool program or Head Start summer school Early Intervention Program behavioral interventions Early Childhood Special Education disciplinary actions IFSP (Individualized Family Service Plan) in-school suspension Special Education out-of-school suspension IEP (Individualized Educational Program) expulsion Section 504 Plan speech therapy or language services FBA (Functional Behavioral Assessment) occupational or physical therapy BSP (Behavioral Support Plan) any other school-related support services Safety Plan tutoring or remedial services

home-based services

Describe any of the above marked yes.

repeated a grade or subject

Home Address					
Namo	Relationship to Your Child	Occupation or School	Highest Level of Education Completed or Current Grade in School	Condor	٨٥٥
Name	(mom, step-dad, half-sister, etc.)	01 3011001	or current grade in scribor	Gender	Age
Describe this family (in	cluding religious beliefs, adop	tions, separati	on or divorce dates, parenting time sched	dule, etc.).	
Other Home Address					
(if applicable)	Relationship to Your Child	Occupation	Highest Level of Education Completed		
Name	(mom, step-dad, half-sister, etc.)	or School	or Current Grade in School	Gender	Age

Mother	Father	Sibling	Grandparent	Aunt/Uncle	1 st Cousin	Have your child's relatives ever had any of the following?			
						inherited or medical conditions			
						language or learning disability			
						ADD or ADHD			
						Autism or Asperger's			
						sensory sensitivities			
						depression			
						anxiety, nervousness, or a nervous breakdown			
						psychosis or schizophrenia			
						bipolar			
						problems with drugs or alcohol			
						arrests or trouble with the police			
						suicide or suicide attempts			
						mental hospitalization			
						treatment for other mental conditions			
Have there been recent changes in your child's: sleep appetite diet interests activities screen-time hobbies reading Has your child tried: alcohol tobacco marijuana other's prescriptions their own prescriptions not as prescribed List any other substances. What books, workshops, blogs, religious teachings, etc. influence your parenting style?									
What are you concerned about with your child?									
What have you tried (e.g., other therapists, medications, or any "non-traditional" treatments)?									
What do	you wa	nt to add	ress in this con	sultation?					

What else should I know?