THE KIDS CLINIC

1615 DUNDAS STREET EAST, WHITBY, ONTARIO L1N 2L1

PHONE: (905) 436-1600 / FACSIMILE: (905) 436-7600

INTAKE QUESTIONNAIRE

***Please complete this form in full and as accurately as possible. The information provided will become part of a diagnostic report which will be forwarded to you and the physician who referred your child to us following completion of the assessment.**

PATIENT INFORMATION

Patient's Name: _____ Sex: ☐ Male ☐ Female D.O.B: _____

Home Address: _____

RESPONSIBLE PARTY AND/OR PARENT INFORMATION:

Custodial Party 1: _____ Relationship to child: _____

Custodial Party 2: _____ Relationship to child: _____

Home Address: _____

Home Phone: _____ Cell: _____ Work: _____

Marital Status: ☐ Single ☐ Married ☐ Common-law ☐ Separated ☐ Divorced ☐ Widowed

Custodial/Court Order: ☐ No ☐ Yes Details: _____

Reason for Referral

Whose idea was it to arrange for this assessment? □ Not Sure □ Doctor □ Patient □ Family
Please explain

What is the main reason for this assessment? Main concerns?
Please explain

What is hoped to achieve, improve or change?
Please explain

Education

Name of School/Institution:

Grade/Degree:

Address:

City:

Province and Postal Code:

School Services (Current or Previous)
□ Special Education Class □ IEP (Individualized Education Plan) □ Resource Period
□ Educational Assistance □ Tutoring □ Other
Please explain

Previous contact with Mental Health Professionals
Name of Agency(s), or Professional, Reason(s) for contact (concern/diagnosis), Date and Duration, Type of Treatment (i.e.Medication, Counseling)

Family Contacts	**Biological**	**Step/Half**	**Adoptive**	**Foster/Guardian**
Father	Name (age)	Name (age)	Name (age)	Name (age)
	Phone	Phone	Phone	Phone
	Work/Occupation	Work/Occupation	Work/Occupation	Work/Occupation
Mother	Name (age)	Name (age)	Name (age)	Name (age)
	Phone	Phone	Phone	Phone
	Work/Occupation	Work/Occupation	Work/Occupation	Work/Occupation
Sibling 1 □ M □ F	Name (age)	Name (age)	Name (age)	Name (age)
Sibling 2 □ M □ F	Name (age)	Name (age)	Name (age)	Name (age)
Sibling 3 □ M □ F	Name (age)	Name (age)	Name (age)	Name (age)
Sibling 4 □ M □ F	Name (age)	Name (age)	Name (age)	Name (age)
Sibling 5 □ M □ F	Name (age)	Name (age)	Name (age)	Name (age)
Sibling 6 □ M □ F	Name (age)	Name (age)	Name (age)	Name (age)

Other Contacts

Family Physician
Name

Phone

Fax

CHILD'S DEVELOPMENTAL HISTORY

Prenatal events:

parents' attitude toward pregnancy _____

conception - planned _____ unplanned _____

pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use etc)

_____

_____

Birth and Postnatal period:

birth weight _____ length _____ labor duration _____

delivery: vaginal _____ cesarean section _____

APGAR scores (if known) _____ time in hospital _____

delivery complications? _____

Mother's health after delivery: _____

post delivery blues? _____ if yes, how long?_____

Primary caretaker for child, first year:_____

thereafter _____

Feeding history: breastfed vs formula _____ age weaned _____

current eating problems _____

Sleep behavior: sleepwalking, nightmares, any current problems_____

_____

Separations from mother and/or father: age, duration, and reaction to _____

_____

_____

Toilet training:(age reached) bowel control: day_____ night_____ bladder control: day_____ night _____

current problems _____

Sexual development: gender identity _____

any problems _____

Motor development: (please write in age, parentheses are approximate normal limits)

rolls over (3-5m) _____ sit without support (5-7m) _____ crawls (5-8) _____

walks well (11-16m) _____ runs well (2y) _____ rides tricycle (3y) _____

throws ball overhand (4y) _____ current level of activity _____

fine and gross motor coordination _____ compared to peers _____

Language development: (please write in age, parentheses are approximate normal limits)

several words besides dada, mama (1y) _____ name several objects-ball, cup (15m) _____

3 words together - subject, verb, object (24m) _____ vocabulary _____ articulation _____

comprehension _____ compared to peer _____

any current problems _____

Social development: (please write in age, parentheses are approximate normal limits)

smile (2m) _____ shy with strangers (6-10m) _____ separates from mother easily (2-3y)_____

cooperative play with others (4y) _____

quality of attachment to mother_____ quality of attachment to father _____

early peer interactions _____

current peer interactions _____

_____

special interests/hobbies _____

_____

Behavioral/Discipline: compliance vs non-compliance _____

lying/stealing _____ rule breaking _____ methods of discipline _____

other problems _____

_____

current personality _____

mood _____ fears/phobias _____

habits _____

ability to express feelings _____

Review of Symptoms – Child and Adolescent

	For each item, place an X in the most appropriate column	Not at all	A little	Sometimes	A lot
	Attention Deficit/Hyperactive Disorder				
	Inattention				
1	Fails to give close attention to details or makes careless mistakes in schoolwork or other activities				
2	Has difficulty sustaining attention in tasks or play activities				
3	Does not seem to listen when spoken to directly				
4	Does not follow through on instructions; does not complete tasks (schoolwork or chores or duties)				
5	Has difficulty organizing tasks and activities				
6	Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g. homework)				
7	Loses things necessary for tasks or activities				
8	Is distracted by extraneous stimuli				
9	Is forgetful in daily activities				
	Hyperactivity/Impulsivity				
1	Fidgets with hands/feet or squirms in seat				
2	Leaves seat in classroom or in situations in which remaining seated is expected				
3	Runs about or climbs excessively in situations in which it is inappropriate				
4	Has difficulty playing or engaging in leisure activities quietly				
5	Talks excessively				
6	Is "on the go" or acts as if "driven by a motor"				
7	Has difficulty awaiting turn in games or group situations				
8	Blurts out answers before questions have been completed				
9	Interrupts or intrudes on others, e.g. butts into other children's games				
	Oppositional/Defiant				
1	Loses temper				
2	Argues with adults (parents and other adults)				
3	Actively defies or refuses adult requests, expectations or rules				
4	Deliberately annoys other people				
5	Blames others for his/her mistakes or misbehaviour				
6	Is touchy or easily annoyed by others				
7	Is angry and resentful				
8	Is spiteful, vindictive, mean or hurtful toward others				
	Conduct problems				
	Aggression to people and animals				
1	Bullies, threatens, or intimidates others				
2	Initiates physical fights				
3	Has used a weapon that can cause serious physical harm to others (knife, gun, stick, rock, bat)				
4	Has been physically cruel to others				
5	Has been physically cruel to animals				
6	Has stolen while confronting the victim (mugging, extortion)				
7	Has forced someone into sexual activity				
	Destruction of property				
8	Has deliberately engaged in fire-setting with the intention of causing serious damage				
9	Has destroyed or vandalizing other's property				
	Deceitfulness or theft				
10	Has broken into someone else's house, building or car				
11	Lies to obtain goods or favours to avoid obligations (i.e., "cons" others)				
12	Has stolen items of non-trivial value without confronting a victim (e.g. Shoplifting, forgery)				
	Serious violation of rules				
13	Has stayed out at night despite parental prohibitions, beginning before age 13 years				
14	Has run away from home overnight at least twice or once without returning for a lengthy period				
15	Has skipped school (truant), beginning before 13 years of age				

	For <u>each item</u>, place an X in the <u>most appropriate</u> column.			Not at all	A little	Sometimes	A lot
	Tic Disorders						
1	Motor tics (e.g. eye blinking, facial grimacing)	□ Single	□ Multiple				
2	Vocal tics (e.g. clearing throat, clicking sounds)	□ Single	□ Multiple				
	Pervasive Developmental Disorder						
	<u>Social interaction impairment</u>						
1	Impairment in the use of non-verbal behaviours (e.g. eye-to-eye gaze, facial/body gestures)						
2	Failure to develop peer relationships appropriate to developmental level						
3	Lack of spontaneous seeking to share enjoyment, interest, or achievements with others						
4	Lack of social or emotional reciprocity						
	<u>Communication impairment</u>						
1	Delay or lack of the development of spoken language						
2	Marked impairment in the ability to initiate or sustain a conversation with others (if adequate speech)						
3	Stereotyped and repetitive use of language						
4	Lack of spontaneous make-believe play or social imitative play						
	<u>Restricted repetitive & stereotyped patterns of behaviour, interests, & activities</u>						
1	Restricted pattern of interest that is abnormal in intensity or focus						
2	Inflexible adherence to specific, non-functional routines or rituals						
3	Stereotyped or repetitive motor mannerisms (e.g., hand or finger flapping or twisting)						
4	Persistent preoccupation with parts of objects						
	Separation Anxiety						
1	Recurrent excessive distress when separation from home/caregiver occurs/anticipated						
2	Persistent excessive worry about losing or possible harm befalling caregiver						
3	Persistent excessive worry that an untoward event will lead to separation from caregiver						
4	Persistent reluctance or refusal to go to school or elsewhere because of fear of separation						
5	Persistent excessive fear or reluctance to be alone or without caregiver at home						
6	Persistent reluctance or refusal to go to sleep without being near a caregiver or to sleep away from home						
7	Repeated nightmares involving the theme of separation						
8	Complaints of physical symptoms when separation from caregiver occurs or is anticipated						
	Learning Disabilities						
	□ Reading	□ Writing					
	□ Math	□ Sequencing					
	□ Memory	□ Organization					
	□ Abstraction	□ Body awareness/Spatial Relationships					
	Communication Problems						
	Difficulties in receptive language (understanding words, sentences)						
	Difficulties in expressive language (vocabulary, grammar)						
	Stutters						
	Elimination Problems						
	□ Voids into bed or clothes	□ At least twice a week	□ For at least 3 months				
		□ Only during night time sleep	□ During waking hours				
	□ Soils self	□ At least once a month	□ For at least 3 months				

	For <u>each item</u>, place an X in the <u>most appropriate</u> column.	Not at all	A little	Sometimes	A lot
	Mood Disorders				
	Depression – Over the last 2 weeks:				
1	Most of the day, nearly every day, feeling: □ sad □ down □ depressed □ irritable □ angry				
2	Losing interest or little enjoyment/pleasure in doing things or most activities				
3	Disturbance in appetite and weight: □ poor appetite □ overeating				
4	Disturbance in sleep: □ trouble falling or staying asleep □ sleeping too much				
5	Psychomotor changes: □ slowed down: moving or speaking slowly □ restless/fidgety: moving around a lot				
6	Feeling tired or having little energy				
7	Feeling: □ bad about yourself □ like a failure □ hopeless □ worthless				
8	□ Diminished ability to think, focus or concentrate □ Indecisiveness				
9	□ Recurrent thoughts of death □ Thinking would be better off dead				
	□ Thinking about committing suicide □ Actually trying to commit suicide				
	High mood – for at least 1 week:				
1	Most of the day, nearly every day, feeling: □ happy □ high □ silly □ irritable □ angry				
2	Feeling unusually great about life and inflated sense of self				
3	Needing little or no sleep				
4	Talking too much or too quickly				
5	Having too many thoughts, or thoughts are racing				
6	Being too easily distracted				
7	Increased spending, risk taking, sexual interest/activity				
	Anxiety				
	General Anxiety: □ Excessive worry and anxiety about several events or activities, for at least 6 months				
	□ Trouble controlling these feelings				
	□ Irritable □ Restless □ poor Concentration □ poor Sleep □ low Energy □ Tense muscles				
	Obsession: Repetitive thoughts, impulses, or images that are disturbing, intrusive, and inappropriate that cases marked anxiety or distress				
	Compulsion: Repetitive behaviours or mental acts that are performed in response to an obsession,(e.g., washing, checking, organizing, counting, praying) to prevent something bad from happening				
	Social Anxiety: Feeling anxious in social situations (e.g., birthday parties) and trying to avoid them				
	Panic Attack: Episodes where suddenly feeling really anxious/scared: heart starts pounding, find it hard to breathe, feel dizzy, feel like going to throw up, feeling of losing control and going crazy, going to die				
	Agoraphobia: Feeling anxious about being in public places (e.g., malls, stores) and trying to avoid them				
	Trauma: Experienced or witnessed a traumatic event or something really bad				
	Re-experience: Recurring thoughts/nightmares about something bad that has happened in the past				
	Flashback: Feeling really upset when put in a situation that triggers the memories of the bad event				
	Avoidance: Trying to avoid situations that can potentially bring out the memories of the bad event				
	Impaired Reality				
	Hearing voices of people talking when there is no one around actually saying those things				
	Seeing strange or scary things that no one else is able to see				
	Having strange and unusual thoughts and beliefs that insists on and cannot be challenged				
	Having worries/fears that will be harmed by others in different ways (spying, food poisoning)				
	Feeling that receives messages from TV, radio, or the newspaper				
	Having disorganized thoughts and speech (incoherent)				
	Having disorganized behaviour				
	Substance Use (in the past 12 months)				
	Having 3 or more alcoholic drinks – within a 3 hour period – on 3 or more occasions				
	Using illicit drugs more than once, to get high, to feel elated, or to get "a buzz"				
	Eating Problems (in the past 3 months)				
	Body Image: Feeling too fat (when actually is not) and needing to lose a lot of weight to feel better				
	Restricting: Trying to lose weight by eating less				
	Severely underweight				
	Binge: Episodes of eating large amounts of food and feeling eating is out of control				
	Purge: Trying to lose weight by □ exercising a lot □ fasting □ throwing up □ taking pills				

PAST HISTORY

	No	Yes
Have you been treated for your present problem or any nervous or psychiatric condition?		
Have you ever been hospitalized for a psychitric problem? If yes, please specify below.		

MEDICATIONS –PAST & CURRENT (INCLUDE ALL IN ORDER AND APPROX. DATES)

Name of Drug (i.e. Ritalin)	Dose of Tablet	# times /day	Time Taken	Approx. Start & End Date	Success: Worse or Better	Why Stopped? (i.e. loss of appetite)

CURRENT HEALTH

None

Medical Conditions (please mark all that apply):				
☐ AIDS ☐ Alcohol dependency ☐ Anemia ☐ Angina ☐ Arthritis ☐ Artificial / prosthetic joint ☐ Asthma ☐ Bleeding problems	☐ Blood pressure problems ☐ Cancer ☐ Chemotherapy ☐ Chest pain ☐ Cholesterol ☐ Diabetes ☐ Diet Medications ☐ Drug dependency ☐ Hearing impairments	☐ Heart attack ☐ Heart murmur ☐ Heart problems ☐ Hepatitis ☐ HIV infection ☐ Jaundice ☐ Kidney disease ☐ Leukemia ☐ Liver disease	☐ Lung disease ☐ Lupus ☐ Mitral valve prolapsed ☐ Pacemaker ☐ Prosthetic heart valve ☐ Radiotherapy ☐ Rheumatic fever	☐ Seizures (epilepsy) ☐ Shortness of breath ☐ Steroid therapy ☐ Stomach ulcers ☐ Stroke ☐ Thyroid disease ☐ Tuberculosis ☐ Visual impairments
Other	Other	Other	Other	Other

PAST MEDICAL HISTORY

1. MAJOR ILLNESSES No ☐ Yes ☐

Year	Illness	Treatment	Result

2. SURGERY No ☐ Yes ☐

Year	Type of Surgery	Reason for Surgery	Result

3. HOSPITALIZATIONS No ☐ Yes ☐

Year	Illness	Treatment	Result

4. INJURIES/ACCIDENTS No ☐ Yes ☐

Year	Injury

5. PHYSICAL/SEXUAL ABUSE No ☐ Yes ☐

Year	Include unreported injuries/untreated injuries (beatings/concussion/rape/abuse)	By spouse/partner/family member/other

6. ALLERGIES No ☐ Yes ☐

Drugs/Food/Environment	Type of Reaction: Allergy or Side Effect	Clarification / Allergy or Side Effect

M=Mother; F=Father; S=Sister, B=Brother, N= Niece/Nephew				**Use Sib #**						**Use Child #**	**Mother's**		**Father's**	
Family Psychiatric History	No Hx	M	F	S	B	N	Aunts	Uncles	Cousins	Children	MM	MF	FM	FF
ADHD/ADD														
Aggression/Violence/Abuse														
Alcohol Abuse														
Anxiety														
Autism Spectrum Disorders														
Bipolar Disorder														
Dementia (Early/Late)														
Depression														
Drug abuse														
Eating Disorders														
Imprisonment/Detention														
Learning Disabilities														
Mental Retardation														
Obsessive Compulsive Disorder														
Oppositional Defiant Disorder														
Schizophrenia														
Suicide (Failed Attempts)														
Suicide (Successful Attempts)														
Tourette's Disorder														
Any psychiatric hospitalization														
Other:														
Family Medical History	No Hx	M	F	S	B	N	Aunts	Uncles	Cousins	Children	MM	MF	FM	FF
Asthma														
Cancer:														
Diabetes Mellitus														
Heart Disease														
High Blood Pressure														
Irritable Bowel or Colitis														
Migraine Headaches														
Mitral Valve Prolapse														
Seizures (Epilepsy)														
Stroke														
Thyroid Disorder														
Ulcers														
Other:														
Age at Death														
Year of Death														
Cause of Death														
Unexpected Death														