New Creature Counseling

Client Background Survey (ages 5-16) Parents' Form

Name of child:	Age:Date:
Name of parent providing information:	

Purpose of this questionnaire: This survey obtains a comprehensive picture of your child's background. In counseling, records are necessary, since they permit a more thorough dealing with one's problems. By completing these questions as fully and as accurately as you can, you will facilitate your child's therapeutic program. You are requested to answer these routine questions in your own time instead of using up actual therapy time. It is understandable that you might be concerned about what happens to the information about your child because much or all of this information is highly personal. Case records are strictly confidential. NO OUTSIDER IS PERMITTED TO SEE YOUR CHILD'S CASE RECORD WITHOUT PARENTAL PERMISSION.

If you do not desire to answer a question, merely write "Do not care to answer."

I. Presenting Problems:

- a. What is currently concerning you about your child or family?
- b. When did the problem(s) start?
- c. What else was happening in the family about that time?
- d. Do you think you've contributed to the problem(s) in any way? Explain.
- e. What change(s) have you noticed in your family since this problem began?
- f. How have you tried to correct the problem(s) in the home?
- g. Do all caretakers see the problem the same way? Explain.
- h. What other professionals and agencies have been involved in the problem (e.g., psychological assessment, consultation, counseling)?

II. School Information:

- a. What school does the child attend?
- b. How would you describe your child's feelings about school?
- c. How well is your child behaving at school?

III. Significant Interpersonal Relationships:

- a. How is this child different from your other children?
- b. Who are the important adults in your child's life?
- c. How does he/she get along with each of them?
- d. Who regularly disciplines the child? How?
- e. Is there disagreement between caretakers over discipline?
- f. How would you describe your child?

IV. Developmental History:

- a. Is there anything unusual about your child's early development?
 - a.i. complications at birth
 - a.ii. motor development
 - a.iii. language development
 - a.iv. social development
- b. What medications is your child presently taking? Who prescribed them?

C.	Describe what you know about your child's sexual activities and experiences.
d.	Has your child been emotionally, sexually, or physically abused? If so, give details.
V. Backg a.	ground: How often does your child attend church?
b.	What church does your child currently attend?
C.	How does your child feel about church attendance and/or God?
d.	What is your child's ethnic background?
e.	Is your child's cultural/racial heritage important in daily life?
f.	How often is your child unfairly treated because of cultural/racial heritage?
g.	What type of home does your child live in?apartment,trailer,house,condo,other:
h.	How many years has your child lived in this home?
i.	Name all people and list ages who currently live in this home.
j.	How would you describe most of the people who live in your child's neighborhood? j.imostly poor people (unemployed or on public assistance) j.iimostly factory workers or manual laborers j.iiia mixed group of people with different occupations j.ivbusiness people (clerks, managers) j.vprofessionals (doctors, lawyers)

k.	During most of childhood with whom has your child lived?
	k.i. Both biological parents
	k.ii. Parent and step-parent
	k.iiisingle parent
	k.ivadoptive or foster parents
	k.vrelatives
	k.viother:
1.	How would you describe the home in which your child is growing up?
	l.ipoverty level (not enough money)
	l.iiworking class (barely enough money)
	l.iiimiddle class (a little extra money)
	l.iv. upper middle class (some extra money
	l.vupper class (a lot of extra money)
VI. The C	hild's Mother:
a.	Mother's occupation:
b.	What is the highest level of education earned by the mother?
C.	What is the mother like when she sets rules?
	c.ivery strict
	c.ii. strict
	c.iii. average
	c.iveasy going
	c.vvery easy going
d.	How does the mother treat the child?
	d.i. very cold and rejecting
	d.ii. somewhat cold
	d.iii. average
	d.iv. somewhat warm
	d.v. very warm and loving
e.	
f.	Does the mother have a present or past history of alcohol abuse?
g.	Does the mother have a present or past history of drug abuse?
h.	Does the mother have financial problems?
i.	Is she often angry for little or no reason?

j.	Is she having any legal trouble?		
k.	Is the mother often ill?		
l.	Does the mother have problems with her marriage?		
m	Was she physically violent with the child on more than one occasion recently?		
n.	Was she physically violent with another member of your family on more than one occasion recently?		
0.	How well do the mother and the child get along? o.ido not get along at all o.iinot very well sometimes o.iiiaverage o.ivfairly well o.vvery well		
VII.The C	Child's Father		
	Father's occupation:		
b.	What is the highest level of education earned by the father?		
C.	What is the father like when he sets rules? c.ivery strict c.iistrict c.iiiaverage c.iveasy going c.vvery easy going		
d.	How does the father treat the child? d.ivery cold and rejecting d.iisomewhat cold		

d.iiiaverage d.ivsomewhat warm d.vvery warm and loving
e. Does the father have any mental or emotional problems?
f. Does the father have a present or past history of alcohol abuse?
g. Does the father have a present or past history of drug abuse?
h. Does the father have financial problems?
i. Is he often angry for little or no reason?
j. Is he having any legal trouble?
k. Is the father often ill?
l. Does the father have problems with her marriage?
m. Was he physically violent with the child on more than one occasion recently?
n. Was he physically violent with another member of your family on more than one occasion recently?
o. How well do the father and the child get along? o.ido not get along at all o.iinot very well sometimes o.iiiaverage o.ivfairly well o.vvery well
The Child: a. How well does the child get along with brothers and sisters?
a.i. does not get along at all

VIII.

	a.iinot very well a.iiiaverage a.ivbetter than most brothers and sisters a.vvery well
b.	Do any siblings have emotional problems?
c.	Do any siblings have learning problems?
d.	Do any of the children have epilepsy or brain damage?
e.	Do any siblings have past or present history of alcohol abuse?
f.	Do any siblings have past or present history of drug abuse?
g.	Do any siblings have trouble with the law?
h.	How would you describe the child? h.iunemotional or neutral h.iiusually cool and distant h.iiilike most people h.ivmore friendly than most h.vvery warm and friendly
i.	Does the child have a strong group of friends?
j.	How would you describe the child? j.iunhappy j.iiless happy than most j.iiiaverage j.ivfairly happy j.vvery happy
k.	How well does the child get along with friends and/or classmates? k.idoes not get along at all k.iinot very well k.iiiaverage k.ivbetter than most children k.vvery well

- l. Has the child failed any grades in school?
- m. Did the child ever receive special education services at school?
- n. How well does the child get along with teachers?
 - n.i. ____very poorly
 - n.ii. ____not very well
 - n.iii. ___average
 - n.iv. better than average
 - n.v. very well
- o. What are the child's grades like? (circle number.)
 - o.i. All A's (or A average)
 - o.ii. As and Bs (or B+ average)
 - o.iii. Bs and Cs (or C+ average)
 - o.iv. Cs and Ds (or C- average)
 - o.v. Ds and Fs (or D average)
 - o.vi. All Fs (or F average

IX. Medical History:

- a. Circle any that the child's blood relatives (brothers, sisters, mother, father, grandparents) has ever had:
 - a.i. accident proneness
 - a.ii. anemia
 - a.iii. alcoholism
 - a.iv. arthritis/gout
 - a.v. cancer
 - a.vi. deafness
 - a.vii. diabetes
 - a.viii. epilepsy
 - a.ix. glaucoma
 - a.x. heart disease
 - a.xi. hypertension
 - dixii. Hypertension
 - a.xii. kidney stones
 - a.xiii. mental health problems
 - a.xiv. obstetric problems
 - a.xv. stroke
 - a.xvi. tuberculosis
- b. Has the child had any of the following illnesses?
 - b.i. mumps
 - b.ii. chickenpox
 - b.iii. whooping cough

	b.v.	scarlet fever
	b.vi.	asthma
	b.vii.	pneumonia
	b.viii.	ear infections
		arthritis/rheumatism
	b.x.	diabetes
		epilepsy
		heart disease
		hypertension
		kidney disease
		liver disease
		hepatitis
		thyroid diseas
		tuberculosis
		cancer
	c. Has th	e child ever broken any bones?
	d. Has th	e child ever had a transfusion?
	e. Does t	he child have any allergies?
	f. Does t	he child have any adverse reactions to food?
	the number i	eries of phrases that describe children's behavior. Please put in the blank that describes how often the behavior <u>currently</u> four child. Use this scale.
 3. 4. 6. 7. 8. 	-	rs at mealtime anners od presented res when asked ady for bed

b.iv. rheumatic fever

10. Acts defiant when told to do something	
11. Argues with parents about rules	
12. Gets angry when doesn't get his own way	
13. Has temper tantrums	
14. Sasses adults	
15. Whines	
16. Cries easily	
17. Yells or screams	
18. Hits parents	
19. Destroys toys and other objects	
20. Steals	
21. Lies	
22. Teases or provokes other children	
23. Verbally fights with friends	
24. Verbally fights with sisters and brothers	
25. Physically fights with friends his/her own age	
26. Physically fights with sisters and brothers	_
27. Constantly seeks attention	
28. Interrupts	
29. Is easily distracted	
30. Has short attention span	
31. Fails to finish tasks or projects	
32. Has difficulty entertaining self alone	
33. Has difficulty concentration on one thing	
34. Is overactive or restless	
35. Wets the bed	
ooi med die bed	

XI. Is there anything else you feel I should know?