Beautiful Minds
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Beautiful Minds for Beautiful Lives

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Humara Chowdhary MD
Medical Director

Therapist: ____ Date: ________________

QUESTIONNAIRE FOR PARENTS

Please complete as fully as possible. If you need additional space, please use the back of the page.

Child's Name	Date of Birth	Age	Sex
Parent's Name	Phone		
Address	City	State	Zip
Parent's Name	Phone		
Address	City	State	Zip
Referred By	Phone		

Please state your view of the child's problem(s)?

When and how did the problem(s) begin?

What has been done so far to try to alleviate the problem(s)?

What help do you want at this time?

Psychiatric History

Has your child ever been hospitalized for psychiatric treatment?

❑ No ❑ Yes If Yes, please specify:

Dates of hospitalization: ___________________ to ___________________

Name of hospital ____

Reason for hospitalization ____

Was hospital treatment helpful? ❑ Yes ❑ No

Dates of hospitalization: ___________________ to ___________________

Name of hospital ____

Reason for hospitalization ____

Was hospital treatment helpful? ❑ Yes ❑ No

Has your child received any previous outpatient psychiatric treatment counseling, or has he/she taken any medication for the treatment of emotional, behavioral or learning problems?

❑ No ❑ Yes If Yes, please specify:

Dates of most recent counseling: ______________________ to ______________________

Name of therapist ____

Was medication used? ____

Was treatment helpful? ❑ Yes ❑ No

Dates of counseling: ______________________ to ______________________

Name of therapist ____

Was medication used? ____

Was treatment helpful? ❑ Yes ❑ No

Please list all past psychiatric and psychological treatment (including dates):

Medical History

Has your child suffered from any of the following medical problems:

- ❑ Head injuries (concussions, loss of consciousness)
- ❑ Seizures
- ❑ Recurrent headaches
- ❑ Allergic reactions to medications
- ❑ Other allergies
- ❑ Asthma
- ❑ Bone Fractures
- ❑ Hormonal problems
- ❑ Hearing impairment
- ❑ Visual problems
- ❑ Surgery
- ❑ Other medical problems (describe)

If any of the above are checked, please provide details:

Is your child currently taking any medications?
(Include over-the-counter medicine, such as cold or allergy preparations.)

Name of medication____________________________________ Dosage _____________ Taken since _____________

Name of medication____________________________________ Dosage _____________ Taken since _____________

Name of medication____________________________________ Dosage _____________ Taken since _____________

Name of medication____________________________________ Dosage _____________ Taken since _____________

Name of medication____________________________________ Dosage _____________ Taken since _____________

If female, has your child started to have menstrual periods? ❑ No ❑ Yes: when____________________

Date of last physical examination ____

Your child's doctor ____

Address ____

Phone ____

Developmental History

Was this a planned pregnancy? ❑ Yes ❑ No
Did mother have any medical problems or take any medications, or use drugs, alcohol or cigarettes during pregnancy? ❑ No ❑ Yes, specify:
Were there any medical complications associated with delivery (e.g., premature birth, caesarean section, forceps delivery, etc.? ❑ No ❑ Yes, specify:
Did your child have any medical problems as a newborn (e.g., low birth weight, yellow jaundice, breathing problems, neurological problems? ❑ No ❑ Yes, specify:
Your child's birth weight:
Was your child ❑ breast fed ❑ bottle fed When was he/she weaned:
For whom was the child named?
When did the child sleep through the night?
Any early feeding difficulties?
Did the child like to be held and cuddled?
Primary person caring for the child During the first year: During the first three years:
What stands out as you recall your child's newborn period?
Describes your child's temperament as an infant:
Was your child's motor development (e.g., age at which he/she sat up, rolled over, stood) normal or delayed? ❑ Normal ❑ Delayed, describe:
Age walked alone: __________________ Age spoke in simple two-word sentences: ______________________ Was your child's speech and language development normal or delayed? ❑ Normal ❑ Delayed, describe:
At what age was your child toilet trained? Bladder: ________________ Bowel: ______________________ Since being toilet trained, has your child had any problems with: Wetting at night ❑ No ❑ Yes, describe pattern: ____ Wetting during the day ❑ No ❑ Yes, describe pattern: ____ Soiling at night ❑ No ❑ Yes, describe pattern: ____ Soiling during the day ❑ No ❑ Yes, describe pattern: ____

As an infant, toddler or preschooler, did your child:

Have any unusual problems with sleep? ❑ No ❑ Yes, specify:

Have any eating problems? ❑ No ❑ Yes, specify:

Have any unusual fears: ❑ No ❑ Yes, specify:

Have more temper tantrums than other children? ❑ No ❑ Yes, specify:

Have unusual problems in separating from parents? ❑ No ❑ Yes, specify:

Preschool adjustment (approximately age three to five):

What were the care taking arrangements?

How did your child adjust?

How would you describe your child at this age?

Did your child attend a formalized preschool setting? ❑ No ❑ Yes, specify what age and for how long; how did they adjust:

How well does your child get along with other children?

Academic History

What grade in school is your child in ____

Teacher's Name____

School Name ____

Address ____

Phone ____

Has your child ever been held back in school? ❑ No ❑ Yes, when and why:

Has he/she ever skipped a grade? ❑ No ❑ Yes, when and why:

Has he/she ever been in special education classes? ❑ No ❑ Yes, what type of class, which subjects:

What sort of grades does your child make in school?

Have teachers or others ever told you that he/she had a learning disability?
❑ No ❑ Yes, when and what were you told:

Has your child ever had special education or cognitive testing? ❑ No ❑ Yes, specify dates and results:

Has a teacher ever commented that your child is "hyperactive"? ❑ No ❑ Yes, when and what were you told:

Has a teacher ever commented on other behavioral or emotional problems?
❑ No ❑ Yes, when and what were you told:

Describe your child's social and academic adjustment:

Elementary School

Junior High School

High School

Living Environment

Child's biological parents are:

- ❑ Married and living together
- ❑ Unmarried and living together
- ❑ Unmarried and not living together
- ❑ Mother deceased
- ❑ Father deceased
- ❑ Both parents deceased
- ❑ Divorced
- ❑ Separated
- ❑ Unknown

If biological parents are (or were) married, date married:

If biological parents are divorced, date divorced:

What are the custody arrangements?

If child is adopted, age at adoption ______________________ Does child know of adoption? ❑ Yes ❑ No

Reason for adoption:

Child lives with:

- ❑ Biological father and mother
- ❑ Mother and step-father
- ❑ Father and step-mother
- ❑ Mother only
- ❑ Father only
- ❑ Adoptive parents
- ❑ Other: ________________________________

Others in household:

Siblings

Name ____ Age ___________ ❑ Male ❑ Female

Name ____ Age ___________ ❑ Male ❑ Female

Name ____ Age ___________ ❑ Male ❑ Female

Name ____ Age ___________ ❑ Male ❑ Female

Others

Name ____ Age ___________ Relationship ____________________

Name ____ Age ___________ Relationship ____________________

Significant or painful experiences in child's life including death of meaningful people, separation from family, absence or major illness of parent or sibling, moves.

Relationship with siblings

Does your child have girl friends? How does he/she get along with them?

Does your child have boy friends? How does he/she get along with them?

Do any family/household members currently suffer from significant physical health problems? ❑ No ❑ Yes:

Do any family/household members currently suffer from significant mental / emotional health problems?
❑ No ❑ Yes:

Family HIstory - Mother

Description of your family of origin (who was in the family, economic status, current relationship, significant problems or issues):
Past events or situations which you feel have been important in your life. (Have you had mental health treatment?)
How would you characterize your current life? Marriage: Family Life: Job: Health: Other significant factors, including how your child's problems have impacted on you:

Has your child’s biological mother, or have any of her family members, had any of the following problems?

	Mother	Mother’s Mother	Mother’s Father	Mother’s Siblings	Other Family
Depression					
Anxiety Problems					
Obsessive-Compulsive Disorder					
Bipolar Mood Disorder					
Alcohol Abuse					
Drug Abuse					
Schizophrenia					
Hospitalized for Psychiatric Problem					
Learning Difficulties as a Child					
Hyperactivity					
Mental Retardation					
Other Psychiatric Problems					
Criminal Behavior					
Unknown					

Family HIstory - Father

Description of your family of origin (who was in the family, economic status, current relationship, significant problems or issues):
Past events or situations which you feel have been important in your life. (Have you had mental health treatment?)
How would you characterize your current life? Marriage: Family Life: Job: Health: Other significant factors, including how your child’s problems have impacted on you:

Has your child's biological father, or have any of his family members, had any of the following problems?

	Father	Father's Mother	Father's Father	Father's Siblings	Other Family
Depression					
Anxiety Problems					
Obsessive-Compulsive Disorder					
Bipolar Mood Disorder					
Alcohol Abuse					
Drug Abuse					
Schizophrenia					
Hospitalized for Psychiatric Problem					
Learning Difficulties as a Child					
Hyperactivity					
Mental Retardation					
Other Psychiatric Problems					
Criminal Behavior					
Unknown					

Family History

Father's educational attainment (check highest level obtained):

- ❑ Did not graduate high school
- ❑ High school graduate
- ❑ Some college
- ❑ College graduate
- ❑ Advanced college degree

Father's occupation:

Mother's educational attainment (check highest level obtained):

- ❑ Did not graduate high school
- ❑ High school graduate
- ❑ Some college
- ❑ College graduate
- ❑ Advanced college degree

Mother's occupation:

Are there currently, or have there been, any significant marital problems? ❑ No ❑ Yes, describe:

Are there any other significant stresses currently affecting your family life (e.g., financial problems, health problems, extended family concerns or conflicts, job problems, etc.) ❑ No ❑ Yes, describe:

If you have moved, please list dates of move(s) and where you moved from and to.

Please provide any other information that you believe might be helpful to us in understanding the problem(s) you child is having: