Child and Adolescent Questionnaire

Child's Legal Name: Child's Date of Birth:

Today's date: Child's nickname: Person completing this form:

Relationship to child: If parents are divorced, who has custody?

Please describe your current concerns about your child:

How long have you had these concerns?

BIRTH AND DEVELOPMENT

Pregnancy

Was the pregnancy planned? ____yes ____no Pre-natal care? ____yes ____no

Were there any problems during preganancy?

Was the child premature? ____no ____yes Weight at birth ______lbs._____ozs.

Where there any birth complications or problems?

The First Few Months Of Life

Breast fed?_________ If yes, for how long ______________

Any allergies?

Developmental Milestones: At what age did this child do each of the following?

Milestones	Age Completed	Milestone	Age Completed
Sit without support		Dress self completely	
Crawl		Stay dry all day	
Walk without holding on		Stay dry all night	
Did not soil his/her pants		Eat with a fork	
Help when being dressed			

Speech and Language Development

Age when child said first words understandable to strangers?

Age when child said first sentence understandable to strangers?

Any speech, hearing or language difficulties?

The First 4 Years: Check if special problems were seen in these areas? (if checked, describe)

- ☐ Eating
- ☐ Sociability
- ☐ Motor skills
- ☐ Failure to thrive
- ☐ Sleep difficulties
- ☐ Separation from parents
- ☐ Temper Tantrum
- ☐ Excessive crying

HEALTH

Medical History: List all childhood illnesses, hospitalizations, medications, allergies, head trauma, important accidents, surgeries, periods of loss of consciousness, convulsions/seizures, and other medical conditions

Condition	Age	Treated By Whom?	Outcome

Katie Rhodes, Ph.D., LCSW ■ 7302 Jarnigan Road ■ Chattanooga, TN 37421
(t) 423-855-4091 ■ (f) 423-855-8928

Child and Adolescent Questionnaire

Child's Legal Name: Child's Date of Birth:

Medications: List current medications the child is taking:

Medication	Date Started	Dosage Prescribed	How Many Times Per Day

Has this child taken any psychiatric medications in the past? ____no ____yes (if yes, complete the following)

Medication	Reason	Dosage Prescribed	Effectiveness

BEHAVIOR

Please list any concerns you have about this child's behavior

Are there any stressful events occurring in the family that may be affecting this child?

To your knowledge, has this child ever been abused or neglected?

To your knowledge, has this child use tobacco products? ____no ____yes (describe)

To your knowledge, has this child used alcohol or drugs? ____no ____yes (describe)

Is there anyone in the child's family that has ever had: Family Member(s)

Alcohol or drug problems ____no ____yes

Legal problems ____no ____yes

Their own history of abuse ____no ____yes

Please list any current psychological treatment this child is receiving.

From	To	Description of Treatment	By Whom	Diagnosis

Please list any past psychological treatment for this child.

From	To	Description of Treatment	By Whom	Diagnosis

Katie Rhodes, Ph.D., LCSW ■ 7302 Jarnigan Road ■ Chattanooga, TN 37421
(t) 423-855-4091 ■ (f) 423-855-8928

Child and Adolescent Questionnaire

Child's Legal Name: Child's Date of Birth:

SCHOOLS

Please list all schools this child has attended.	Grade	Age	Concerns

List special services your child receives.

If receiving services, what is this child's classification? How often does this child receive services?

Describe any past services this child has received

DAILY ACTIVITIES

Please describe a typical day for this child.

Morning:

Afternoon:

Evening:

Please list this child's interests, preferences, and special talents.

What do you and this child enjoy doing together?

Please list any other information that you think is important with regard to this child.

What type of treatment do you hope to receive for this child?

____Assessment And Consultation | ____ Family Psychotherapy
____Individual Psychotherapy | ____Medication | ____Biofeedback Training

Describe your goals for treatment.

Katie Rhodes, Ph.D., LCSW ■ 7302 Jarnigan Road ■ Chattanooga, TN 37421
(t) 423-855-4091 ■ (f) 423-855-8928