

# Inland Psychiatry & Psychology

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Child's Name \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

## Welcome

Welcome to Inland Psychiatry and Psychology!

This is your New Patient Information Packet. Please fill out the packet entirely and bring it with you to your first appointment. We ask that you arrive at least ten minutes before your appointment and please bring your insurance card with you to the appointment.

Please note our cancellation policy: we require 24 hours notice of any appointment cancellation. If the initial appointment is cancelled less than 24 hours before the appointment, we will be unable to reschedule any future appointments with you in our office.

We look forward to meeting you. Please feel free to contact us with any questions you may have during office hours or leave a message after hours, 509-458-5889.

Thank you,

*Inland Psychiatry and Psychology*

|   |                           |
|---|---------------------------|
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**Patient Information**

Please send these completed forms along with copies of report cards from all grades completed, all psychological reports, and any counseling evaluations. Do not send original copies. Please complete all information. After reviewing this information, our office will contact you for an appointment.

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Parent or Guardian Work Phone \_\_\_\_\_ Parent or Guardian Cell Phone \_\_\_\_\_

Child's School: \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_

Present placement of child (please check in appropriate box)

| Name            | Adult with whom child is living | Non-residential adults involved with child |
|-----------------|---------------------------------|--|
| Natural Mother  |                                 |  |
| Natural Father  |                                 |  |
| Stepmother      |                                 |  |
| Stepfather      |                                 |  |
| Adoptive Mother |                                 |  |
| Adoptive Father |                                 |  |
| Other (Specify) |                                 |  |

Source of referral \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Briefly state your concerns \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**School History**

1. Please list schools attended in chronological order:

| School | Grades Attended | City  |
|--------|-----------------|-------|
| _____  | _____           | _____ |
| _____  | _____           | _____ |
| _____  | _____           | _____ |
| _____  | _____           | _____ |

2. Please summarize the child's progress (e.g. academic, social) within each of these grade levels:

Preschool \_\_\_\_\_

Kindergarten \_\_\_\_\_

Grades 1 through 3 \_\_\_\_\_

Grades 4 through 6 \_\_\_\_\_

Grades 7 through 12 \_\_\_\_\_

3. To the best of your knowledge, at what grade level is your child functioning:

Reading \_\_\_\_\_ Spelling \_\_\_\_\_ Arithmetic \_\_\_\_\_

4. Has your child ever had to repeat a grade. If so when? \_\_\_\_\_

5. Present class placement: Regular Class \_\_\_\_\_

Special Class (If so, specify) \_\_\_\_\_

6. Has the child ever been in any type of special education program, and if so, how long?

|                             | Yes | No | Duration |
|-----------------------------|-----|----|----------|
| Learning disabilities class |     |    |          |
| Behavioral disorders class  |     |    |          |
| Resource room               |     |    |          |
| Private tutoring            |     |    |          |

Other (please specify) \_\_\_\_\_

7. Have any additional instructional modifications been attempted?

|                                       | Yes | No | When |
|---------------------------------------|-----|----|------|
| Private tutoring                      |     |    |      |
| Behavioral modification program       |     |    |      |
| Daily or weekly progress report cards |     |    |      |
| Class note taker assistants           |     |    |      |
| Books on tape for school text         |     |    |      |
| Training and usage of computer        |     |    |      |
| Other                                 |     |    |      |

8. Has your child ever been?

|                       | Yes | No | When |
|-----------------------|-----|----|------|
| Suspended from school |     |    |      |
| Expelled from school  |     |    |      |
| Repeated a grade      |     |    |      |

9. Please list any academic testing, psychological evaluations and medical evaluations previously done for your child's learning problems. (MAT, WISC-R WRAT, etc.)

\_\_\_\_\_

\_\_\_\_\_

10. Does your child have difficulty verbally expressing him/herself? \_\_\_\_\_

\_\_\_\_\_

11. Do you think that your child understands spoken directions as well as peers?

\_\_\_\_\_

12. Does your child have any speech impediments? \_\_\_\_\_

If so, has the child had any speech therapy? \_\_\_\_\_

Duration of therapy \_\_\_\_\_

13. How do you rate your child's overall level of intelligence compared to peers?

Lower \_\_\_\_\_ Average \_\_\_\_\_ Higher \_\_\_\_\_

14. Primary Concerns

Other Related Concerns

\_\_\_\_\_

\_\_\_\_\_

## School Behavior

1. Rate your child's school experiences related to behavior:

|               | Good | Average | Poor |
|---------------|------|---------|------|
| Pre-school    |      |         |      |
| Kindergarten  |      |         |      |
| Current Grade |      |         |      |

2. Does your child's teacher describe any of the following as significant problems in the classroom?

|   | Yes | No | Age Started |
|---|-----|----|-------------|
| Fidgeting or hyperactive  |     |    |             |
| Difficulty remaining seated   |     |    |             |
| Easily distracted   |     |    |             |
| Difficulty awaiting turn  |     |    |             |
| Often blurts out answers to questions before they have been completed |     |    |             |
| Difficulty following instructions                                     |     |    |             |
| Difficulty sustaining attention (off task daydreaming)                |     |    |             |
| Frequently shifts from one activity to another                        |     |    |             |
| Difficulty playing quietly  |     |    |             |
| Often talks excessively   |     |    |             |
| Often interrupts or intrudes on others                                |     |    |             |
| Often does not listen   |     |    |             |
| Often loses things (belongings, schoolwork)                           |     |    |             |
| Often engages in physically dangerous activities                      |     |    |             |

Please comment briefly: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Behavioral Concerns

1. Many children appear defiant. Which of the following are significant problems at the present time?

|  | Yes | No | Age Started |
|--|-----|----|-------------|
| Often loses temper                                       |     |    |             |
| Often argues with adults                                 |     |    |             |
| Often actively defies or refuses adult requests or rules |     |    |             |
| Often does things that deliberately annoy other people   |     |    |             |
| Often blames others for own mistakes                     |     |    |             |
| Is often touchy or easily annoyed by others              |     |    |             |
| Is often angry or resentful                              |     |    |             |
| Is often spiteful or revengeful                          |     |    |             |
| Often swears or uses obscene language                    |     |    |             |

Please comment briefly: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Some children have personal conduct difficulties. Which of the following are significant problem at the present time?

|   | Yes | No | Age Started |
|---|-----|----|-------------|
| Steals  |     |    |             |
| Has run away from home overnight at least twice |     |    |             |
| Often lies                                      |     |    |             |
| Deliberately sets fires                         |     |    |             |
| Often truant                                    |     |    |             |
| Breaking and entering                           |     |    |             |
| Cruel to animals                                |     |    |             |
| Forces someone else into sexual activity        |     |    |             |
| Often initiates physical fights                 |     |    |             |
| Physically cruel to people                      |     |    |             |

Please comment briefly: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Some children have separation fears. Which of the following are significant problems at the present time?

|   | Yes | No | Age Started |
|---|-----|----|-------------|
| Unrealistic and persistent worry about possible harm to family members                          |     |    |             |
| Unrealistic and persistent worry that calamitous events will separate child from family members |     |    |             |
| Persistent school refusal   |     |    |             |
| Persistent refusal to sleep alone   |     |    |             |
| Persistent avoidance of being alone   |     |    |             |
| Repeated nightmares regarding separation  |     |    |             |
| Frequent complaints of body aches and pains   |     |    |             |
| Excessive distress anticipating separation  |     |    |             |
| Excessive distress separated from home  |     |    |             |

Please comment briefly regarding separation fears \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Some children appear overanxious. Which of the following are significant problems at the present time?

|  | Yes | No | Age Started |
|--|-----|----|-------------|
| Unrealistic worry about future events                      |     |    |             |
| Unrealistic concern about appropriateness of past behavior |     |    |             |
| Unrealistic concern about competence                       |     |    |             |
| Frequent complaints of body aches and pains                |     |    |             |
| Marked self-consciousness                                  |     |    |             |
| Excessive need for reassurance                             |     |    |             |
| Marked inability to relax                                  |     |    |             |

Please comment briefly: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Which of the following are considered to be significant problems at the present time?

|  | Yes | No | Age Started |
|--|-----|----|-------------|
| Compulsive mannerisms (hand washing, chewing clothes, picking, etc.) |     |    |             |
| Motor tics (blinking, squinting, facial jerks)                       |     |    |             |
| Vocal tic (sniffing, clearing throat, noises, humming)               |     |    |             |
| Other nervous habits   |     |    |             |

Please comment briefly: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. All children exhibit to some degree the behavior listed below. Check those that you believe your child exhibits at home to an excessive or exaggerated degree when compared to other children his/her own age.

|  | Yes | No | Age Started |
|--|-----|----|-------------|
| Hyperactivity (high activity level)                  |     |    |             |
| Poor attention span                                  |     |    |             |
| Impulsivity (poor self control)                      |     |    |             |
| Temper outbursts                                     |     |    |             |
| Low frustration threshold                            |     |    |             |
| Facial tics, blinking, humming or sniffing           |     |    |             |
| Interrupts frequently                                |     |    |             |
| Doesn't listen                                       |     |    |             |
| Sudden outbursts of physical abuse to other children |     |    |             |
| Child acts like they are driven by a motor           |     |    |             |
| Wears out shoes more frequently than siblings        |     |    |             |
| Heedless to danger                                   |     |    |             |
| Excessive number of accidents                        |     |    |             |
| Doesn't learn from experience                        |     |    |             |
| Poor memory  |     |    |             |
| More active than siblings                            |     |    |             |
| A "different child"                                  |     |    |             |

Please comment briefly: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Some children have problems with social development and communication. Does your child exhibit any of these problems?

|  | Yes | No | Age Started |
|--|-----|----|-------------|
| Doesn't understand body language, facial expressions, gestures                                       |     |    |             |
| Doesn't develop appropriate relationships with same age peers  |     |    |             |
| Doesn't spontaneously share interests, enjoyment or achievements with other people                   |     |    |             |
| Isn't able to share moods with people and respond appropriately                                      |     |    |             |
| Delay, or lack of, development of spoken language  |     |    |             |
| If speech is adequate, difficulty in starting or sustaining a conversation                           |     |    |             |
| Odd or repetitive use of language  |     |    |             |
| Lack of age appropriate make-believe play  |     |    |             |
| Unusually preoccupied with a particular topic and avidly collects information or statistics about it |     |    |             |
| Develops elaborate routines or rituals that must be followed   |     |    |             |
| Repetitive motor mannerisms – flapping, twisting, spinning   |     |    |             |
| More interested in parts of objects than whole object  |     |    |             |

Please comment briefly: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Is there any suspicion of alcohol or drug use? \_\_\_\_\_

\_\_\_\_\_

Is there any history of physical and/or sexual abuse? \_\_\_\_\_

\_\_\_\_\_

Does the child have any problems sleeping? \_\_\_\_\_

\_\_\_\_\_

Does the child have bladder or bowel control problems? \_\_\_\_\_

\_\_\_\_\_

Does the child have any eating disorder symptoms? \_\_\_\_\_

\_\_\_\_\_

## Home Behavior

Types of discipline you use with your child:

|                       | Yes | No |
|-----------------------|-----|----|
| Verbal reprimands     |     |    |
| Time out (Isolation)  |     |    |
| Removal of privileges |     |    |
| Rewards               |     |    |
| Physical punishment   |     |    |
| Give in to child      |     |    |
| Avoidance of child    |     |    |

On the average, what percentage of the time does your child comply with initial commands?

---

On the average, what percentage of the time does your child eventually comply with commands?

---

To what extent are you consistent with respect to disciplinary strategies?

---

To what extent is your spouse/partner consistent with respect to disciplinary strategies?

---

**Treatment History**

1. List names and addresses of all other professionals consulted:

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_
- D. \_\_\_\_\_
- E. \_\_\_\_\_

2. Please list any medications your child is currently taking:

| <u>Medication</u> | <u>Dosage</u> | <u>When started</u> | <u>For what</u> |
|-------------------|---------------|---------------------|-----------------|
| _____             |               |                     |                 |
| _____             |               |                     |                 |
| _____             |               |                     |                 |
| _____             |               |                     |                 |
| _____             |               |                     |                 |

3. Please list any medications your child has taken in the past

| <u>Medication</u> | <u>Dosage</u> | <u>Duration</u> | <u>Why stopped</u> |
|-------------------|---------------|-----------------|--------------------|
| _____             |               |                 |                    |
| _____             |               |                 |                    |
| _____             |               |                 |                    |
| _____             |               |                 |                    |
| _____             |               |                 |                    |

4. Has the child ever had any of the following forms of psychological treatment?

|  | Yes | No | Duration | Age |
|--|-----|----|----------|-----|
| Individual psychotherapy                           |     |    |          |     |
| Group psychotherapy                                |     |    |          |     |
| Family therapy with child                          |     |    |          |     |
| Inpatient evaluation and treatment                 |     |    |          |     |
| Residential treatment (including drug and alcohol) |     |    |          |     |

## Developmental History

### 1. Pregnancy

Your age when child was born \_\_\_\_\_

Excessive vomiting \_\_\_\_\_

Hospitalization required \_\_\_\_\_

Excessive spotting or blood loss \_\_\_\_\_

Threatened miscarriage \_\_\_\_\_

Infection(s) Specify \_\_\_\_\_

Toxemia \_\_\_\_\_

Rh incompatibility \_\_\_\_\_

Operation(s) Specify \_\_\_\_\_

Other illnesses Specify \_\_\_\_\_

Smoking during pregnancy \_\_\_\_\_ Number of cigarettes per day \_\_\_\_\_

Alcohol consumption during pregnancy (describe) \_\_\_\_\_

Medications taken during pregnancy \_\_\_\_\_

X-ray studies during pregnancy \_\_\_\_\_

Duration of pregnancy (weeks) \_\_\_\_\_

### 2. Delivery

Type of labor:

Spontaneous \_\_\_\_\_ Induced \_\_\_\_\_ Duration (hr's) \_\_\_\_\_

Type of delivery:

Normal \_\_\_\_\_ Breech \_\_\_\_\_ Cesarean \_\_\_\_\_

Birth weight \_\_\_\_\_

Complications? \_\_\_\_\_ Cord around neck \_\_\_\_\_ Hemorrhage \_\_\_\_\_

Any indications of fetal distress during delivery? \_\_\_\_\_

\_\_\_\_\_

Infant injured during delivery \_\_\_\_\_

Other \_\_\_\_\_

### 3. Post Delivery Period

Jaundice \_\_\_\_\_ Cyanosis(turned blue) \_\_\_\_\_ Incubator Care \_\_\_\_\_

Infections? (specify) \_\_\_\_\_

Number of days infant was in hospital after delivery \_\_\_\_\_

Any health complications following birth? \_\_\_\_\_

#### 4. Infancy-Toddler Period

|  | Yes | No |
|--|-----|----|
| Were there feeding problems during early infancy?  |     |    |
| Was the baby difficult to cuddle?  |     |    |
| Was the child colicky?   |     |    |
| Were there sleep pattern difficulties during early infancy?                                  |     |    |
| Were there problems with the infant's alertness?   |     |    |
| Did the child have any congenital problems?  |     |    |
| Was the child a difficult baby (did not calm easily or follow a schedule, excessive crying)? |     |    |
| Was the baby excessively restless?   |     |    |
| Did the toddler behave poorly with others?   |     |    |
| Was the toddler insistent and demanding?   |     |    |
| Was the toddler extremely active (into everything)?  |     |    |
| Was the child accident prone (clumsy)?   |     |    |

#### 5. Developmental Milestones

|   |  |
|---|--|
| At what age did the child smile?  |  |
| At what age did the child sit up?   |  |
| At what age did the child crawl?  |  |
| At what age did the child walk?   |  |
| At what age did the child speak single words? (other than "mama or dada") |  |
| At what age did the child string two or more words together?              |  |
| At what age did the child speak in sentences?                             |  |
| At what age did the child achieve bladder control?                        |  |
| At what age did the child achieve bowel control?                          |  |
| At what age did the child learn to ride a tricycle?                       |  |
| At what age did the child ride a bicycle (without training wheels)?       |  |
| At what age did the child button clothing?                                |  |
| At what age did the child tie shoelaces?                                  |  |
| At what age did the child name colors?                                    |  |
| At what age did the child name coins?                                     |  |
| At what age did the child say the alphabet?                               |  |
| At what age did the child begin to read?                                  |  |

## Medical History

1. Rate your child on the following:

|                  | Good | Average | Poor |
|------------------|------|---------|------|
| General health   |      |         |      |
| Hearing          |      |         |      |
| Vision           |      |         |      |
| Walking          |      |         |      |
| Running          |      |         |      |
| Throwing         |      |         |      |
| Catching         |      |         |      |
| Shoelace tying   |      |         |      |
| Buttoning        |      |         |      |
| Handwriting      |      |         |      |
| Athletic ability |      |         |      |

2. Has your child had any chronic health problems (e.g., asthma, diabetes, heart condition)? If so please specify: \_\_\_\_\_

3. When was the onset of any chronic illness? \_\_\_\_\_

4. Has your child had any of the following illnesses:

|                                | Yes | No | Age |
|--------------------------------|-----|----|-----|
| Mumps                          |     |    |     |
| Chicken pox                    |     |    |     |
| Measles                        |     |    |     |
| Whooping Cough                 |     |    |     |
| Scarlet Fever                  |     |    |     |
| Pneumonia                      |     |    |     |
| Encephalitis (Brain Infection) |     |    |     |
| Ear Infections                 |     |    |     |
| Lead Poisoning                 |     |    |     |
| Seizures, (Convulsion)         |     |    |     |

5. Has your child had any accidents resulting in the following?

|                            | Yes | No | Age |
|----------------------------|-----|----|-----|
| Broken bones               |     |    |     |
| Severe lacerations         |     |    |     |
| Head injury, coma, amnesia |     |    |     |
| Severe bruises             |     |    |     |
| Stomach pumped (poisoning) |     |    |     |
| Eye injury                 |     |    |     |
| Lost teeth                 |     |    |     |
| Sutures                    |     |    |     |

6. Has your child had surgery for any of the following:

|                        | Yes | No | Age |
|------------------------|-----|----|-----|
| Tonsillitis            |     |    |     |
| Adenoids               |     |    |     |
| Hernia                 |     |    |     |
| Appendicitis           |     |    |     |
| Eye, ear, nose, throat |     |    |     |
| Digestive disorder     |     |    |     |
| Urinary tract          |     |    |     |
| Leg or arm             |     |    |     |
| Burns                  |     |    |     |
| Other                  |     |    |     |

## Family History

### 1. Siblings

|  | Brother | Brother | Sister | Sister |
|--|---------|---------|--------|--------|
| Problems with aggressiveness, defiance, and oppositional behavior as a child |         |         |        |        |
| Problems with attention, activity, and impulse control as a child            |         |         |        |        |
| Learning disabilities  |         |         |        |        |
| Failed to graduate from high school  |         |         |        |        |
| Mental retardation   |         |         |        |        |
| Psychosis or schizophrenia   |         |         |        |        |
| Depression for greater than two weeks  |         |         |        |        |
| Anxiety disorder that impaired judgment                                      |         |         |        |        |
| Tics or Tourette's   |         |         |        |        |
| Alcohol abuse  |         |         |        |        |
| Substance abuse  |         |         |        |        |
| Antisocial behavior (assaults, thefts, etc.)                                 |         |         |        |        |
| Arrests  |         |         |        |        |
| Physical abuse   |         |         |        |        |
| Sexual abuse   |         |         |        |        |

Please comment briefly: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. Paternal Relatives**

|  | Father | Paternal Gr. Father | Paternal Gr.Mother | Paternal Uncle | Paternal Aunt |
|--|--------|---------------------|--------------------|----------------|---------------|
| Problems with aggressiveness, defiance, and oppositional behavior as a child |        |                     |                    |                |               |
| Problems with attention, activity, and impulse control as a child            |        |                     |                    |                |               |
| Learning disabilities  |        |                     |                    |                |               |
| Failed to graduate from high school  |        |                     |                    |                |               |
| Mental retardation   |        |                     |                    |                |               |
| Psychosis or schizophrenia   |        |                     |                    |                |               |
| Depression for greater than two weeks  |        |                     |                    |                |               |
| Anxiety disorder that impaired judgment                                      |        |                     |                    |                |               |
| Tics or Tourette's   |        |                     |                    |                |               |
| Alcohol abuse  |        |                     |                    |                |               |
| Substance abuse  |        |                     |                    |                |               |
| Antisocial behavior (assaults, thefts,etc.)                                  |        |                     |                    |                |               |
| Arrests  |        |                     |                    |                |               |
| Physical abuse   |        |                     |                    |                |               |
| Sexual abuse   |        |                     |                    |                |               |

Please comment briefly: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. Maternal Relatives**

|  | Mother | Maternal Gr.Father | Maternal Gr.Mother | Maternal Uncle | Maternal Aunt |
|--|--------|--------------------|--------------------|----------------|---------------|
| Problems with aggressiveness, defiance, and oppositional behavior as a child |        |                    |                    |                |               |
| Problems with attention, activity, and impulse control as a child            |        |                    |                    |                |               |
| Learning disabilities  |        |                    |                    |                |               |
| Failed to graduate from high school  |        |                    |                    |                |               |
| Mental retardation   |        |                    |                    |                |               |
| Psychosis or schizophrenia   |        |                    |                    |                |               |
| Depression for greater than two weeks  |        |                    |                    |                |               |
| Anxiety disorder that impaired judgment                                      |        |                    |                    |                |               |
| Tics or Tourette's   |        |                    |                    |                |               |
| Alcohol abuse  |        |                    |                    |                |               |
| Substance abuse  |        |                    |                    |                |               |
| Antisocial behavior (assaults, thefts,etc.)                                  |        |                    |                    |                |               |
| Arrests  |        |                    |                    |                |               |
| Physical abuse   |        |                    |                    |                |               |
| Sexual abuse   |        |                    |                    |                |               |

Please comment briefly: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social History**

1. How long have you and the child's father (mother) been married/partnered? \_\_\_\_\_

2. Please note whether the child was the product of 1st, 2nd, etc., marriage. \_\_\_\_\_

3. How stable is your current relationship? \_\_\_\_\_

4. Household Members

| <u>Name</u> | <u>Occupation/Grade</u> | <u>Age</u> | <u>Relationship</u> |
|-------------|-------------------------|------------|---------------------|
|             |                         |            |                     |
|             |                         |            |                     |
|             |                         |            |                     |
|             |                         |            |                     |

5. Family Members Not Living in Household (stepchildren, adult children, etc...)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Have any of the following stress events occurred within the past 12 month

|                               | Yes | No |
|-------------------------------|-----|----|
| Parents divorced or separated |     |    |
| Family accident or illness    |     |    |
| Death in the family           |     |    |
| Parent changed or lost job    |     |    |
| Changed schools               |     |    |
| Family moved                  |     |    |
| Family financial problems     |     |    |
| Other (please specify)        |     |    |

**Personal Characteristics**

1. Please describe how your child gets along with siblings: \_\_\_\_\_

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2. How easily does your child make friends? \_\_\_\_\_

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3. How well does your child keep friendships? \_\_\_\_\_

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4. Does your child primarily play with children:

Own age? \_\_\_\_\_ Older? \_\_\_\_\_ Younger? \_\_\_\_\_

5. Please describe any problems your child may have with peers: \_\_\_\_\_

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6. How does your child treat pets? \_\_\_\_\_

7. What do you like about your child? \_\_\_\_\_

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8. What are your child's strengths/good points? \_\_\_\_\_

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9. What does your child enjoy doing most? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What does your child dislike doing most? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Remarks**

Please use this space to include additional remarks about your child:

\_\_\_\_\_  
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