

CHILD BACKGROUND QUESTIONNAIRE

Child's Name: _____ Today's Date: _____

Age: _____ Date of Birth: _____ Grade: _____

Mother's Name: _____ Age: _____ Occupation: _____

Father's Name: _____ Age: _____ Occupation: _____

Parent's Status: (please check one) Married _____ Separated _____ Divorced _____ Cohabitate _____

If divorced, when? _____ If Separated, how long? _____

PHYSICIANS

Pediatrician: _____ Phone Number: _____

Psychiatrist: _____ Phone Number: _____

SIBLINGS

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____

CURRENT PROBLEMS

	<u>Age First Noticed</u>
_____	_____
_____	_____
_____	_____

HEALTH

<u>Problem</u>	<u>Age First Diagnosed</u>
_____	_____
_____	_____
_____	_____

BIRTHPLACE: _____

Where else has child lived?: _____ How long? _____
_____ How long? _____

DEVELOPMENT

Problems in Pregnancy? _____

Smoked? _____ Alcohol? _____ Drugs used? _____

Birth: Full Term _____ Premature _____ Late _____ Weight _____ APGAR Score _____

Any complications or problems at birth? _____

Breast or Bottle fed? _____

Check any that apply:

_____ Easy Baby _____ Irritable _____ Unresponsive

_____ Colicky _____ Healthy _____ Sickly _____ Other _____

At what age did child:

_____ Sit Up _____ Take Steps _____ Speak words

_____ Speak Sentences _____ Toilet Train

EDUCATION

Current School, Teacher(s) _____

Current School Performance _____

History of School Performance _____

Discipline Problems at School? _____

FAMILY/SOCIAL

Relationship with Parents _____

Relationship with Siblings _____

Means of Discipline in the home _____

How does child respond to discipline? _____

Quality of Friendships _____

Kinds of Social Activities _____

INTERESTS: Things the child likes to do when he/she can choose

LEGAL: Any history of arrest or involvement with Juvenile Authorities?

OTHER: Note anything else you think is important

Person completing this form: (Please print name) _____

Relationship to child: _____

Signature _____