

***Sarah Hart Wills*, LICSW**
Child and Family Questionnaire

Child's Name: _____

Date: _____

Person Completing the Questionnaire: _____

Who referred you here? _____

Why are you and your family seeking therapy? _____

What do you hope to gain from therapy? _____

When did you first become concerned? _____

What have you tried to do to improve the situation? _____

What have you found to be helpful with this problem? _____

Have you seen a previous therapist? _____ Please list who you have seen and the time frames

What information or diagnosis was given related to the problem? _____

Medical History

Biological Parents (names and ages): _____

List siblings (names and ages): _____

Were there any medical problems or stressors during pregnancy? Describe.

Were any of the following substances used during pregnancy:

tobacco _____ alcohol _____ marijuana _____ other drugs _____

Any difficulties during the delivery? _____

During the first year after the birth did the mother or the child experience any problems, medical or otherwise? Explain: _____

Were all developmental milestones (such as walking, talking, toilet training) achieved without concern? ___

If not, please explain: _____

Has your child experienced problems with any of the following either in the past or currently: Sleeping, eating, bladder or bowel control: _____

Has your daughter begun menstruating? _____ When? _____

Is your son or daughter sexually active? _____

Who is your family physician? _____

Describe any current medical concerns, medications being taken and/or allergies. _____

School History

What school does your child attend? _____ Grade: _____

Who is your child's guidance counselor? _____

Does your child receive special services at school? _____

Do you feel your child's needs are adequately understood and met at school? _____

Social History

Describe your child's personality: _____

What do you like best about your child? _____

What is hardest for you about your child? _____

Which discipline methods are most commonly used? _____

Do you find them effective? _____

Parent History

How would you describe your parenting style: consistent, lenient, strict, other: _____

How would you describe any other primary caregiver's style: _____

Are there ways in which you would like your child's childhood to be similar or different than your own?

Please explain: _____

What if anything do you think you need to get help with for yourself? _____

Please list the names and ages of anyone currently living in your home as well as their relationship to your child:

Family Mental Health History

Please list which, if any, of the child's relatives have any mental health, medical, or legal issues and how they are being addressed:

Mother: _____

Father: _____

Step parent: _____

Siblings: _____

Maternal Grandparents: _____

Paternal Grandparents: _____

Aunts/Uncles/Cousins: _____

Other: _____

Is anyone in your family currently, or in the past, involved with other services?

DCYF _____ Probation _____ MDS _____ Easter Seals _____ JCC _____ Spec Ed _____ Other _____