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**Child/Teen Questionnaire**

Date \_\_\_\_\_  
 Teen's Name \_\_\_\_\_ Questionnaire completed by \_\_\_\_\_  
 D.O.B. \_\_\_\_\_ Age \_\_\_\_\_ (parent/guardian's name)

**How did you learn about this practice? (circle one)**  
 Other Professional — Friend — Family — Website — Yellow Pages — Other

**What do you think is your child's main problem? (include current concerns and stressors).**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**When did you first notice these difficulties? How did these problems come to your attention?**

\_\_\_\_\_

\_\_\_\_\_

Mental Health History

**Has your child been prescribed medications to manage his/her emotions or behavior?**

Yes/No

Name of Medication	Dates	Reason	Name of prescribing physician
_____	_____	_____	_____
_____	_____	_____	_____

**Has your teen been in counseling before? Yes/No**  
**If yes, was that experience ... (circle one)**  
 Very positive — Somewhat positive — Not Sure — Negative

**Please list name of past therapists and dates seen below:**

Name of therapist	Dates	Reason for Treatment
_____	_____	_____
_____	_____	_____

**Has your teen made any suicide attempts in the past? Yes/No**  
**Has your teen engaged in self-mutilation (e.g., cutting or burning self)? Yes/No**  
**Has your teen ever been hospitalized for mental health treatment? Yes/No**

Name of Hospital/Treatment Facility	Dates of Stay	Reason for Admission
_____	_____	_____
_____	_____	_____



Family

**Are the child's parents currently...(circle)** living together — married to each other — separated — divorced — remarried — widowed — other: \_\_\_\_\_

**With whom does your child live? List names of those currently living in your child's household.**

Name	Age	Relationship to Child	Grade/Occupation
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Do any family members suffer from substance abuse or emotional problems?**

Yes/No **If yes, please describe:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe any additional family stressors (e.g., financial, marital, illness) that may be contributing to your child's problems:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical Health

**Name of Pediatrician:** \_\_\_\_\_

**Describe child's current physical health conditions.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List child's current medications:**

Name of Medication	Reason for Medication	Name of Prescribing Doctor
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**Does your child smoke cigarettes? Yes/No If yes, how many packs per day? \_\_\_\_\_**



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**How much caffeine does your child consume daily?** (including coffee and caffeinated soda)

**Does your child use street drugs, painkillers, tranquilizers, stimulants or sleeping pills?**

Yes/No

**Has your child ever used drugs or alcohol excessively?** Yes/No

**Do you or others believe that your child has a problem with alcohol or drugs?** Yes/No

**Has your child received treatment for alcohol or drug abuse?** Yes/No

**Is your child facing any criminal charges?** Yes/No

**Is your child on probation?** Yes/No

School and Social Life

**Current grade level:** \_\_\_\_\_ **Name of High School:** \_\_\_\_\_

**Has your child ever been diagnosed with a learning or attention disorder?** Yes/No

**Has he/she ever been suspended or expelled from school for behavioral problems?** Yes/No

**Describe your child's typical grades:** \_\_\_\_\_ **Current Grades:** \_\_\_\_\_

**Describe your child's friendships** (circle all that apply): is popular — makes friends easily — has many friends — has a friend or a few close friends — has difficulty fitting in — stays isolated from other students — is often teased — feels shy/awkward in social situations — often feels lonely — doesn't fit in — chooses friends that I don't approve of

**How does your child spend his/her free time? Describe any extracurricular activities & interests.**

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

**Is your child currently involved in any social, religious, or community organizations? Please list.**

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

**Please describe your child's strengths and positive qualities here:**

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