

Pediatric Behavioral Health
Neuropsychology Initial Questionnaire

Directions: This form is very important to help with the interview and evaluation process. Not all questions apply to all families; just answer questions as best as they apply to your family. Your answers will help us to better address your child's needs and to better understand your child. It takes about 20-30 minutes to complete. Thank You.

Today's Date: _____ Person Completing Form: _____
Who referred your child for this evaluation? _____

Child's Name: _____ Child's Sex: Male Female
Address: _____
Home Phone _____ Work Phone _____ Cell Phone _____
Child's Date of Birth: _____ Child's Age: _____
Child's School: _____ Child's Grade: _____
Child's Race: _____ Height: _____ Weight: _____ Handedness R / L / Ambi

Biological Mother:

Name: _____ Age: _____

Occupation: _____ Education: _____

Marital Status: _____ Date of Marriage: _____

Biological Father:

Name: _____ Age: _____

Occupation: _____ Education: _____

Marital Status: _____ Date of Marriage: _____

Step-Mother:

Name: _____ Age: _____

Occupation: _____ Education: _____

Step-Father:

Name: _____ Age: _____

Occupation: _____ Education: _____

Siblings:

Name: _____	Age: _____	Full	Half	Step	Adopted
Name: _____	Age: _____	Full	Half	Step	Adopted
Name: _____	Age: _____	Full	Half	Step	Adopted
Name: _____	Age: _____	Full	Half	Step	Adopted

List all people with whom the child lives: _____

PRESENTING PROBLEM/REFERRAL QUESTION

Please list the three biggest reasons (or problems) for which you are seeking help for your child:

- 1. _____
- 2. _____
- 3. _____

Problem History:

- 1. Approximately how old was your child when you first noticed this problem? What did the problem look like then?

- 2. How has your child’s problem changed throughout his/her growth?

- 3. Is the problem present in different settings (home, school, etc.)? Does it look different in different settings?

- 4. Has your child had any other cognitive/behavioral/emotional problems in the past (even if they are not affecting him/her now)? Describe.

- 5. Previous testing (include school CORE evaluations, and *send copies of most recent testing with this form*):

Tester’s Name	Testing Date	Reason for Testing	Conclusions of Testing
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- a. _____
- b. _____
- c. _____
- d. _____

6. Previous therapy experiences (family, school, individual and psychiatric medications):

Therapist's Name	Therapy Dates	Reason for Therapy	Type of Treatment	Effectiveness of Therapy
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- a. _____
- b. _____
- c. _____

7. What is your child's usual mood at the present time? Describe:

8. Has your child ever talked about hurting or killing him/herself or another person? Describe.

9. Has your child ever used or abused medication, illegal drugs, or alcohol? Describe.

DEVELOPMENTAL HISTORY

1. How did the parents feel when they found out that the mother was pregnant? Was the child planned?

2. Please circle all that occurred during the mother's pregnancy with this child:

- | | |
|--|------------------------------------|
| a. Smoking (# packs / day _____) | g. Physical Abuse of Mother |
| b. Drinking Alcohol (# drinks / day _____) | h. Extreme stress on Mother |
| c. Marijuana Use | i. Major Illness of Mother (_____) |
| d. Cocaine / Crack Use | j. Major Injury of Mother (_____) |
| e. LSD Use | k. Premature Labor |
| f. Other Street Drug Use (Name: _____) | |

3. Was the mother receiving regular prenatal care? Y N

4. Describe any significant events or complications during the pregnancy:

5. Birth History:

- a. Child's Weight at Birth: _____
- b. Premature Birth? NO YES (# of weeks gestation _____)
- c. Forceps Used? NO YES
- d. Caesarean Delivery? NO YES If Yes, was this planned?
- e. Problems / Illnesses immediately after birth: _____
- f. Admission to hospital / neonatal ICU: NO YES
- g. Other Delivery Complications: _____

6. Circle all that apply to your child **as a baby/toddler**:

- | | |
|--|--|
| Cuddly | Tense / "On Edge" |
| Irritable | Difficult to Soothe |
| Cried A lot | Withdrawn |
| Slow to Warm Up | Friendly |
| Curious | Afraid of strangers |
| Active | Easy to put on a schedule |
| Good Sleeper | Easily startled / Overreactive |
| Poor Sleeper | Upset w/Separation from Parents |
| Failure to Thrive | Resisted Change/Transitions |
| Resisted touch/hugs | Demonstrated Tics (Describe): |
| Disliked certain textures (clothes/food) | Picky Eater |
| Over-sensitive to smells/sounds | Obsessive Interests (Which ones?): |
| Tended to isolate from others | Exceptional rote memory |
| Unusual Motor Mannerisms | Very concrete/literal understanding |
| Poor eye contact | Limited Attention Span |
| Restless/Hyperactive | Uninterested in Others |
| Clumsy/Uncoordinated | Repetitive/Obsessive Behaviors (Describe): |
| Other: | |

8. Circle all that apply to your child **now**:

- | | |
|--|--|
| Tense / "On Edge" | Overactive |
| Angry or Irritable | Anxious / Nervous |
| Sad/Unhappy | Withdrawn |
| Emotionally Over-reactive | Shy |
| Friendly | Resists Affection |
| Restless/Hyperactive | Limited Attention Span |
| Tends to isolate from others | Social skills problems |
| Resists Change/Transitions | Poor eye contact |
| Resists touch/hugs | Demonstrates Tics (Describe): |
| Dislikes certain textures (clothes/food) | Picky Eater |
| Over-sensitive to smells/sounds | Obsessive Interests (Which ones?): |
| Unusual Motor Mannerisms | Very concrete/literal understanding |
| Exceptional rote memory | Uninterested in Others |
| Good Sleeper or Poor Sleeper | Repetitive/Obsessive Behaviors (Describe): |
| Clumsy/Uncoordinated | |
| Other: | |

9. At what age did your child:

- | | |
|----------------------------|----------------------------------|
| a. Sit: _____ | e. Say First Word: _____ |
| b. Crawl: _____ | f. Say Two Word Sentences: _____ |
| c. Walk Supported: _____ | g. Toilet Trained: _____ |
| d. Walk Unsupported: _____ | |

10. Any Problems with (circle):

- | | |
|-------------------------|---------------------------|
| Learning to throw/catch | Stuttering |
| Learning to ride a bike | Slurred or Unclear Speech |
| Learning to skip | |

11. Overall, would you say that your child developed faster, slower, or at about the same rate as other children? _____ Comments:

12. Were Early Intervention Services required? Describe dates and service types.

FAMILY BACKGROUND

1. List marriages of biological MOTHER (past and present):

Spouse's Name	Marriage Date	Children's Names	Divorce Date	Reason for Divorce
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. List marriages of biological Father (past and present):

Spouse's Name	Marriage Date	Children's Names	Divorce Date	Reason for Divorce
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Please indicate if the following have occurred in the family:

	Date(s)	Description / Comments
Divorce	_____	_____
Separation	_____	_____
Marital Problems	_____	_____
Domestic Violence	_____	_____
Excessive Conflict	_____	_____
Death of Family Member	_____	_____
Illness of Family Member	_____	_____
Parent Substance Abuse	_____	_____
Physical or Sexual Abuse	_____	_____
Move to New Home	_____	_____
Other Changes	_____	_____
	_____	_____
	_____	_____

4. How is discipline handled in the family?

5. Who is most responsible for discipline? Mother Father Both

6. How does your child usually respond to discipline?

MEDICAL HISTORY

1. Pediatrician's Name: _____ Last Physical: _____

2. Describe any illnesses for which your child receives ongoing care:

3. Did Your Child Experience any of the following childhood illnesses:

Measles _____ Tuberculosis _____
Scarlet Fever _____ Meningitis _____
Encephalitis _____ Seizures- was this during a fever ("febrile" seizure)? Y N
Repeated Ear Infections (estimated number): _____ Were tubes placed? Y N When? _____
Head Injury(Describe): _____

Sustained High Fever (How high/How long?) _____

3. Current Medications that your child is taking:

Name	Dose	Times Per Day	Reason
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____

4. Past medications that your child has taken for behavior, neurological, cognitive, or psychological problems (list name only):

a. _____ b. _____ c. _____
d. _____ e. _____ f. _____

5. Are your child's immunizations up to date? YES NO
(If not, which are not? _____)

6. Has your child had a: Hearing Test? Y N When? _____ Any problems? _____
Vision Test Y N When? _____ Any problems? _____

7. Serious and/or life-threatening illnesses:

	Date	Illness	Consequences
a.			
b.			
c.			

8. Major Injuries:

	Date	Injury	Consequences
a.			
b.			
c.			

9. Hospitalizations/Major Surgeries:

	Dates	Reason for Hospitalization/Type of Surgery
a.		
b.		
c.		

10. Allergies:

	Allergy	Typical Reaction, or note any serious adverse reactions
a.		
b.		
c.		

11. Exposure to Poisons or Toxic Substances:

	Date	Substance	How Exposed (drank, ate)	Effect on Child
d.				
e.				
f.				

12. Does anyone in the child's extended family have the following illnesses or problems? Specify who, including brothers, sisters, parents, grandparents, aunts, uncles, cousins.

<u>Illness</u>	<u>Circle Y or N</u>		<u>Relationship to the Child (e.g. maternal aunt, etc.)</u>
Delayed Reading	Y	N	_____
Delayed Speech	Y	N	_____
Learning Disabilities	Y	N	_____
School Phobia	Y	N	_____
Mental Retardation	Y	N	_____
Nonverbal Learning Disability	Y	N	_____
Autism / Asperger's Disorder	Y	N	_____
Attention Problems	Y	N	_____
Hyperactivity	Y	N	_____
Drug/Alcohol Abuse	Y	N	_____
Depression	Y	N	_____
Manic Depression/Bipolar	Y	N	_____
Nervous Breakdown	Y	N	_____
Anxiety Disorder	Y	N	_____
Schizophrenia / Psychosis	Y	N	_____
Psychiatric Hospitalization	Y	N	_____
Suicide	Y	N	_____
Stealing/Legal Problems	Y	N	_____
Felony Conviction	Y	N	_____
Epilepsy/Seizures	Y	N	_____
Other Neurological Disorder	Y	N	_____
Any Genetic Disorder	Y	N	_____
Other _____	Y	N	_____

SOCIAL HISTORY

1. Check ALL that describe your child socially:

- Other children seek him/her out for play
- S/he seeks out other children for play
- S/he prefers to play alone
- Lots of children like him/her, AND few children dislike him/her
- Lots of children like him/her, BUT lots of children don't like him/her
- Other children pretty much ignore my child
- My child fights a lot with other children
- My child often plays cooperatively with other children

2. How many friends does your child have around the home? _____

1. Does your child play with those friends regularly, and how does it go? _____

2. How many friends does your child have at school? _____

3. Does your child play with those friends regularly, and how does it go? _____

6. Does your child have a best friend? YES NO

If yes, what is the best friend's first name _____

7. How does your child get along with non-parent adults (check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Better behaved than with parents |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Adults like my child |
| <input type="checkbox"/> Disobedient | <input type="checkbox"/> Obedient |
| <input type="checkbox"/> Disrespectful | <input type="checkbox"/> Other _____ |

8. How does your child get along with teachers / coaches?

- | | |
|--|---|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Better behaved than with parents |
| <input type="checkbox"/> Cooperative | <input type="checkbox"/> Adults like my child |
| <input type="checkbox"/> Disobedient | <input type="checkbox"/> Obedient |
| <input type="checkbox"/> Disrespectful | <input type="checkbox"/> Other _____ |

2. How does your child get along with brothers and sisters?

- | | |
|--|--|
| <input type="checkbox"/> Likes them | <input type="checkbox"/> Protective of them |
| <input type="checkbox"/> They like him/her | <input type="checkbox"/> Aggressive / Fights |
| <input type="checkbox"/> Jealous | <input type="checkbox"/> Won't share things |
| <input type="checkbox"/> Ignores them | <input type="checkbox"/> Wants to be babied |
| <input type="checkbox"/> Other _____ | |

10. Any additional information regarding your child's social/interpersonal skills?

11. Has your child ever been arrested, accused, or convicted of a crime? YES NO
If yes, what crime(s)?

12. Has your child ever had a sexual relationship? YES NO If yes, describe

13. Has your child been a victim of abuse? YES NO If yes, Describe

14. Has your child been a victim of neglect? YES NO If yes, Describe

ACADEMIC HISTORY

1. Provide a brief description of any academic difficulties that your child is experiencing:

2. Did your child receive Early Intervention Services? YES NO
If yes, at what ages? _____ What Services? OT PT Speech Other _____

3. Has your child ever been held back a grade? YES NO
If so, what grade(s)? _____ Reasons? _____

4. Has your child experienced problems with school absences? YES NO Why? _____

5. Does your child have an IEP (Individual Education Plan) or 504 Plan? YES NO
If yes, please send a copy of the current IEP with this form.

6. Is your child in any of the following class placements?
_____ Resource Room (What subjects? _____)
_____ Gifted Class (What subjects? _____)
_____ Special Education Class (substantially separate classroom)
_____ Emotionally/Behaviorally Handicapped (EH or BEH) Class

7. What are your child's current grades? (feel free to substitute a report card copy)

8. What school subject does your child like: Most? _____ Least? _____

9. Are there problems with homework completion? YES NO If Yes, describe:

10. Does your child exhibit any of these behavior problems in school (check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Disobedient | <input type="checkbox"/> Overactive |
| <input type="checkbox"/> Worried / tense | <input type="checkbox"/> Withdrawn / shy |
| <input type="checkbox"/> Not liked by children | <input type="checkbox"/> Class clown |
| <input type="checkbox"/> Not liked by teachers | <input type="checkbox"/> Attention Problems |
| <input type="checkbox"/> Other _____ | |

11. List changes in your child's school setting during his/her life. Why were these changes made? How did your child react?

12. Have any of the following happened to your child at school (check all that apply)?

- Frequent Detentions
- Suspended
- Expelled
- Special conference for behavior problems
- Special conference for academic problems
- Switched classes because of problems

Please provide any additional information that you think would be helpful (use the back/extra sheets as needed):