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PARENT QUESTIONNAIRE - ADOLESCENT

I. IDENTIFYING DATA:

Date _____

Child's Name: _____ Sex: _____

Age: Yrs. _____ Mos. _____ DOB: _____ Birthplace: _____

Home Phone #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Present School: _____ Teacher _____ Grade: _____

Parent Email Address _____

Father's Name: _____ DOB: _____ Age: _____

Home #: _____ Work #: _____ Cell #: _____

Address (if different): _____ City: _____ State: _____ ZIP: _____

Occupation: _____ SS#: _____

Religion: _____ Education: _____

Father Email Address _____

Mother's Name: _____ D.O.B. _____ Age: _____

Home #: _____ Work #: _____ Cell #: _____

Address (if different): _____ City: _____ State: _____ ZIP: _____

Occupation: _____ SS#: _____

Religion: _____ Education: _____

Date of Marriage: _____ Status: Married/Separated/Divorced/Widowed (circle one)

Legal Guardian: (if not parent) _____

Home #: _____ Work #: _____ Cell #: _____

Address (if different): _____ City: _____ State: _____ ZIP: _____

With whom does child live? Both parents _____ Mother _____ Father _____ Other _____

Others in the Home:

Name

Age

Relationship

Child's Physician: _____

Who referred child?: _____

BACKGROUND INFORMATION AND HISTORY

A. Birth History: Was there anything significant regarding the child's birth that you feel should be noted here? _____

B. Developmental History: Was there anything significant regarding the child's development prior to the age of five (i.e., illnesses, speech, coordination, etc.) that you feel should be noted here? _____

C. Family Background:

Health of other family members: _____

Usual attitude and reaction of child...

Toward mother: _____

Toward father: _____

Toward brothers and/or sisters: _____

Toward stepparent: _____

Family's attitude toward child: _____

Is a language other than English spoken in the home? _____

D. Educational History

Schools attended

Grade

Progress In School

Child's attitude toward school: _____

Describe any difficulties in specific areas: (reading, arithmetic, etc.) _____

Describe any achievements or successes in any specific area: _____

Describe child's study habits: _____

Describe any behavior problems in school: _____

What does the child enjoy most about school? _____

E. Social History: How would you describe the child's personality? _____

How does child get along with children of the same sex? _____

How does child get along with children of the opposite sex? _____

Describe any behavior problems: _____

Describe any discipline problems: _____

What are the most frequent forms of discipline used in the home? _____

Do you suspect any alcohol and/or drug use or abuse? _____ If so, describe: _____

F. What is the Reason for this Referral? _____

Parent or Guardian Signature: _____

Questionnaire - Adolescent-Parent
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