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**PARENT QUESTIONNAIRE - CHILD**

**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: \_\_\_\_\_ DOB: \_\_\_\_\_ 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: \_\_\_\_\_