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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: \_\_\_\_\_

Others in the Home:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Physician: \_\_\_\_\_

Who referred child? \_\_\_\_\_

**II. BACKGROUND HISTORY**

A. Birth History:

What pregnancy was the child (1st, 2nd, etc.): \_\_\_\_\_

Mother's health during pregnancy: \_\_\_\_\_

Birth problems: (e.g. cord, color, position, baby=s breathing, etc.) \_\_\_\_\_

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

B. Health:

Illnesses (high fevers) or injuries (types and dates): \_\_\_\_\_

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

Present condition of child's health: \_\_\_\_\_

C. Family Background:

Health of other family members: \_\_\_\_\_

Usual attitude and demeanor of child:

Toward mother: \_\_\_\_\_

Toward father: \_\_\_\_\_

Toward siblings: \_\_\_\_\_

Toward stepparent: \_\_\_\_\_

Family's attitude toward child: \_\_\_\_\_

D. Educational History:

Schools Attended

Grade

Progress in School

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Child's attitude toward school: \_\_\_\_\_

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

Describe child's study habits: \_\_\_\_\_

Describe any behavior problems in school: \_\_\_\_\_

Is another language other than English spoken in the home: \_\_\_\_\_

E. What is the reason for referral:

(Describe in detail the chief complaints, when they were first observed and the corrective measures that have been attempted). Use the back of this sheet if more space is needed.

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F. Has the child previously been seen by a mental health professional (such as a psychologist):

Please list doctors and reasons for treatment.

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**Parent or Guardian Signature:** \_\_\_\_\_