PERSPECTIVES THERAPY SERVICES LLC
Child History and Symptom Questionnaire

Basic Background Information

Child's name:_____ Birthdate:_____ Present age:_____ ☐ Male ☐ Female

Name of person completing form:_____ Today's Date:_____

Relationship to Child: ☐ Biological or Adoptive Parent ☐ Guardian ☐ Other (Specify) _____

Biological Parent Information

Relationship status: ☐ Married ☐ Divorced ☐ Never married ☐ Separated ☐ Widowed

Child's age at time of divorce:____ Child's age at time of parent death:____

Living environment: ☐ Same home ☐ Different homes

Legal custody arrangement:_____

Physical custody arrangement:_____

☐ Child resides with neither parent Please explain:_____

Quality of biological parents' relationship: (check all that apply)

☐ Effective co-parenting team ☐ Usually on the same page ☐ Different parenting styles ☐ Poor communication
☐ Similar goals for parenting ☐ High degree of mutual respect ☐ Low levels of respect noted ☐ No contact

Parent A employment: ☐ Employed – FT or PT ☐ Unemployed ☐ Social Security ☐ Not seeking employment
☐ Enrolled in School ☐ Retired ☐ Self-employed ☐ Stay at home parent

Parent B employment: ☐ Employed – FT or PT ☐ Unemployed ☐ Social Security ☐ Not seeking employment
☐ Enrolled in School ☐ Retired ☐ Self-employed ☐ Stay at home parent

Was your pregnancy with this child: planned or unplanned (circle one)

School History

Current grade of your child:_____ Current school your child attends:_____

Has your child not passed a grade or been held back? ☐ Yes ☐ No

If yes, what grade(s) and why?_____

Does your child experience problems in the following areas? (check all that apply)

☐ Reading ☐ Math ☐ Spelling ☐ Emotional regulation ☐ Paying attention
☐ Attendance ☐ Obeying rules ☐ Making friends ☐ Following directions ☐ Fighting ☐ Teacher relationships

Is your child utilizing or being considered for special resources/services? ☐ Yes ☐ No

Has your child been tested for learning problems? ☐ Yes ☐ No If yes, when tested?_____ By who?_____

Does your child currently work with a school counselor or social worker? ☐ Yes ☐ No If yes, who?_____

Please describe any concerns or problems you have about your child's school performance:_____

_____

Please describe any concerns that your child's teachers have about your child: _____

_____

Strengths

☐ bright ☐ loving ☐ motivated ☐ good leader ☐ optimistic ☐ sense of humor ☐ open-minded

☐ creative ☐ has friends ☐ can calm self ☐ resourceful ☐ responsible ☐ adaptable ☐ compassionate/kind

☐ can ask for help ☐ establishes boundaries ☐ active ☐ good solve problems ☐ grateful ☐ patient ☐ willing to try new things

☐ able to forgive ☐ can express feelings ☐ persistent ☐ brave/courageous ☐ hopeful ☐ good listener ☐ able to say "no"

Current Concerns

- ☐ Difficulty maintaining attention or easily distracted
- ☐ Seems not to listen when spoken to directly
- ☐ Fidgets with hands or squirms in seat
- ☐ Bullies, threatens or intimidates others
- ☐ Has engaged in fire-setting
- ☐ Defies adult requests or rules
- ☐ Deliberately destroys property
- ☐ Often argues with adults and others in authority
- ☐ Seems angry or resentful
- ☐ Worries something bad will happen to parent(s)
- ☐ Toileting problems (including bed wetting)
- ☐ Anxiety in social situations
- ☐ Issues with low self-esteem
- ☐ Persistent feelings of sadness
- ☐ Has been bullied by peer(s)
- ☐ Loss, grief or separation from loved one
- ☐ Seems to engage in attention-seeking behaviors
- ☐ Unhealthy eating habits
- ☐ Experimentation with substance(s)
- ☐ Recent break-up with girlfriend or boyfriend
- ☐ Strained parent-child relationship
- ☐ Sensitive to noises, fabrics, lights, temperatures, etc.
- ☐ Often loses things
- ☐ Verbally or physically aggressive
- ☐ Has been cruel to animals or people
- ☐ Difficulty maintaining friendships
- ☐ Has stolen items from others or stores
- ☐ Actively defies rules or refuses to comply
- ☐ Blames others for his/her mistakes or misbehavior
- ☐ Specific, repetitive behaviors
- ☐ Issues with impulsivity
- ☐ Issues separating from a loved one
- ☐ Difficulty when routine is disrupted/issues transitioning
- ☐ Engages in self-harm behaviors
- ☐ Withdrawal from previously enjoyed activities
- ☐ Feelings of hopelessness
- ☐ Suicidal attempt
- ☐ People pleasing behaviors
- ☐ Desires to change weight
- ☐ Excessive use of electronics
- ☐ Sexual orientation questions
- ☐ Homocidal thoughts
- ☐ Difficulty organizing tasks
- ☐ Forgetful
- ☐ Often loses temper
- ☐ Starts fights
- ☐ Often lies
- ☐ Deliberately annoys people
- ☐ Issues w/ school attendance
- ☐ Seems easily annoyed
- ☐ Excessive worry
- ☐ Sleep difficulties
- ☐ Refuses to go to school
- ☐ Repeated nightmares
- ☐ Irritable
- ☐ Cries often
- ☐ Suicidal thoughts
- ☐ Perfectionistic tendencies
- ☐ Poor body image
- ☐ Low energy/fatigue
- ☐ Sexual abuse/molestation
- ☐ Gender identity questions
- ☐ Intrusive thoughts

Has your child witnessed any traumatic event(s)? ☐ Yes ☐ No If yes, please explain:_____

_____

Has your child experienced any significant loss(es)? If yes, please explain:_____

_____

Is your child currently having suicidal thoughts? ☐ Yes ☐ No

Has your child had suicidal thoughts in the past? ☐ Yes ☐ No If yes, when?_____

Has your child ever been hospitalized for mental health related concerns? ☐ Yes ☐ No If yes, when and where?_____

How would you describe the quality of the parent-child relationships?_____

_____

Please identify biological family members and their relationship to your child who have a history of mental health/substance abuse problems, or suicidal thoughts/attempts:

_____ _____
Family member/relationship to child — Psychiatric concern/diagnosis

_____ _____
Family member/relationship to child — Psychiatric concern/diagnosis

_____ _____
Family member/relationship to child — Psychiatric concern/diagnosis