

**Child/Adolescent Patient Questionnaire**

*Please complete and return this questionnaire 48 hours prior to your scheduled intake.*

Date:

**Demographics:**

Completed by:

Child's legal name

Child's preferred name

Child's gender identity

Child's preferred pronoun(s)

Parent or guardian(s) name:

Parent or guardian(s) phone number:

Parents are [checkboxes]

- Single
- Married
- Divorced
- Remarried
- Widowed
- Cohabiting

If divorced, what are the custody arrangements? \_\_\_\_\_ (please bring copy of custody agreement to first appointment for the chart)

Ethnicity

Religion

**School History:**

Current grade level:

Current school:

School phone:

Does \_\_\_\_\_ have a current or psat Individualized Education Plan (IEP) or 504 plan? Yes/No

If so, please list:

Any recent disciplinary actions, expulsions, suspensions?

**Describe what brings you (/your child if filled out by parent guardian) in for treatment today:**

**Which of the following are areas of concern (check all that apply)? [checkboxes]**

- Depression
- Anxiety
- Panic attacks
- Inattention
- Hyperactivity/impulsivity
- Nightmares/flashbacks
- Changes in sleep
- Repetitive behaviors
- Alcohol or substance use
- Intrusive thoughts
- Impulsive behaviors
- Difficulty navigating social situations
- Relationship conflicts
- Self-harm or suicidal thoughts
- Thoughts of hurting others
- Traumatic event(s)
- Difficulty with school
- Other \_\_\_\_\_

**Medical History:**

Pediatrician:

Last visit:

Medical conditions/diagnoses:

Current medications (both psychiatric and medical):

Medication	Dose	Frequency	Who prescribes?

Allergies:

TBI/Concussion History:  Yes  No; if yes please describe:

Seizure History:  Yes  No; if yes please describe:

If applicable, pregnancy history/due date (BIRTH PERSON): (pregnancies, miscarriages, any complications):

**Health History:**

Please describe health in the following areas:

Nutrition, diet, and appetite (for example, changes in appetite or dietary restrictions): \_\_\_\_\_

Physical activity (for example, how much exercise do you get each week): \_\_\_\_\_

Sleep (for example, how many hours do you sleep each night): \_\_\_\_\_

**Family Health History**

1. Family Medical History: \_\_\_\_\_
2. Family Psychiatric History: \_\_\_\_\_
3. Family Substance Use History: \_\_\_\_\_

[ ] If family health history unknown, check here

**Childhood/Family History:**

Birth place:

Siblings:

**PSYCHIATRIC HISTORY:**

Have you (/your child if filled out by parent/guardian) ever been diagnosed with a mental health condition (including intellectual delay/disability)? Please describe.

Please list all current and past psychiatric medications prescribed. Include approximate years.

Current psychiatric medications (include dose)	Previous psychiatric medications (include dose)

**Psychiatric Treatment History:** (Include dates, clinician name, outcome)

Outpatient (office-based):

Inpatient (emergency room / hospital-based):

Residential:

Partial Hospitalization:

Intensive Outpatient:

Other:

**Please check substances you (/your child if filled out by parent/guardian) currently use/have used in the past: (describe how recent/often)**

Caffeine:

Alcohol:

Benzodiazepines:

Nicotine:

Stimulants:

Opioids:

Cannabis:

Psychedelics:

Other:

**Have you (/your child if filled out by parent/guardian) ever experienced hearing sounds others can't hear or seeing things others can't see?**

**History of self-harm or suicide attempts:**

**Do you (/your child if filled out by parent/guardian) have any legal history, such as charges, upcoming hearings, loss of license, current probation, incarceration history, or arrest history? Please describe if yes:**

**Concluding Questions**

What would you (/your child if filled out by parent/guardian) describe as your strengths?

What are your (/your child's if filled out by parent/guardian) goals for treatment? What do you want to be different, have more/less of?

Is there anything else you (/your child if filled out by parent/guardian) would like us to know about you that has not been asked already?