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CONFIDENTIAL PARENT QUESTIONNAIRE

In order for us to be able to fully evaluate your child, please fill out the following questionnaire to the best of your ability. We realize there may be information that you do not remember or have access to; do the best you can. Thank you!

PATIENT IDENTIFICATION

Name: _____ First Appointment Date: _____

Birth Date: _____ Age: _____ Sex: _____

School: _____ Grade: _____

Handedness: _____

Religion: _____ Natural Mother: _____

Race: _____ Natural Father: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Parent Work #: _____ (specify) mom or dad

Email address: mother _____ Cell Phone, mother _____

Email address: father _____ Cell Phone, father _____

Email child: _____ Cell Phone, child _____

With whom is the child currently living?

REFERRAL SOURCE

Referral Source:

Referral Address: _____ Phone # : _____

Do we have your permission to release information to the referring professional?

Yes: _____ No: _____

PURPOSE OF THE CONSULTATION

(Please give a brief summary of the main problems and of the professional services you are seeking)

WHY DID YOU SEEK THE EVALUATION AT THIS TIME?

PRIOR ATTEMPTS TO CORRECT PROBLEMS PRIOR PSYCHIATRIC HISTORY

(Please include contact with other *professionals, medications*, types of treatment, dates, etc.) What do you want this clinic to do *for* your child, yourself or your family?

MEDICAL HISTORY

Current medical problems/medications:

Past medical problems/medications:

Other doctors/clinics seen regularly:

Any history of head trauma? (describe):

Ever any seizures or seizure-like activity?

Any periods of spaciness or confusion?

Prior hospitalizations (place, cause, date, outcome):

Prior abnormal lab tests, X-rays, EEG, etc.:

Allergies/drug intolerances (describe):

Present Height: _____ Present Weight: _____

FAMILY HISTORY:

Family structure (who lives in the current household with the child, *please* give relationship to the child):

Family Development (include marriages, separations, divorces, deaths, traumatic events, losses, etc.):

Current Marital Situation/Satisfaction of Parents:

Natural Mother's History: age: _____ work outside the home: _____

School: highest grade completed: _____

Learning problems (specify): _____

Behavior problems (specify): _____

Marriages: _____

Medical Problems: _____

Childhood atmosphere (family position, abuse, illnesses, etc):

Has mother ever sought psychiatric treatment? Yes: _____ No: _____

If yes, for what purpose?

Mother's alcohol/drug use history:

Have any of mother's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify):

Natural Father's History: age: _____ work outside the home: _____

School: highest grade completed: _____

Learning problems (specify): _____

Behavior problems (specify): _____

Marriages: _____

Medical Problems: _____

Childhood atmosphere (family position, abuse, illnesses, etc):

Has father ever sought psychiatric treatment? Yes: _____ No: _____

If yes, for what purpose? _____

Father's alcohol/drug use history: _____

Have any of father's blood relatives ever had any learning problems or psychiatric problems including such things as alcohol/drug abuse, depression, anxiety, suicide attempts, psychiatric hospitalizations? (specify):

(If Applicable)

Step or Adoptive Mother's history: age _____ work outside home: _____

School: highest grade completed: _____

Learning problems (specify): _____

Behavior problems (specify): _____

Marriages: _____

Medical Problems: _____

Childhood atmosphere (family position, abuse, illnesses, etc):

Has step or adoptive mother ever sought psychiatric treatment?

Yes: _____ No: _____

If yes, for what purpose?

Step or Adoptive Father's History: age _____ outside work _____

School: highest grade completed _____

Learning problems (specify) _____

Behavior problems (specify) _____

Marriages _____

Medical Problems _____

Childhood atmosphere (family position, abuse, illnesses, etc)

Has step or adoptive father ever sought psychiatric treatment?

Yes _____ No _____ If yes, for what purpose?

Step or adoptive father's alcohol/drug use history _____

Siblings (names, ages, problems, strengths, relationship to patient)

Family Stresses (please list current factors that are a source of stress in the family)

CHILD'S DEVELOPMENTAL HISTORY

Prenatal events:

Parents attitude toward pregnancy

Conception—ease _____ planned _____ unplanned_____

Pregnancy complications (bleeding, excess vomiting, medication, infections, x-rays, smoking, alcohol/drug use, etc)

Birth and Postnatal period:

Birth weight _____ Length _____ Labor duration_____

Delivery: vaginal _____ C section _____ Problems _____

APGAR scores (if known) _____ Any jaundice? Yes _____ No _____

Time in hospital?_____

Any other complications? _____

Mother's health after delivery _____

Post delivery blues ? _____ if yes, how long ? _____

Primary caretaker for child, first year _____

Thereafter_____

Feeding history: breast vs bottle _____ age weaned _____

Food allergies _____

Current eating problems

Sleep behavior: sleepwalking, nightmares, recurrent dreams, current problems (getting up, going to bed)

Separations from mother and/or father: age, duration, reaction to

Motor Development:

(please write in age, parentheses are approximate normal limits)

rolls over (3-5 m) _____ sit without support (5-7 m) _____

crawls (5-8 m) _____ walks well (11-16 m) _____

runs well (2y) _____ rides tricycle (3y) _____

throws ball overhand (4y) _____

current level of activity _____

fine and gross motor coordination _____

compared to peers _____

Language development:

Several words besides dada, mama (1y) _____

Name several objects- ball, cup (15m) _____

3 words together – subject, verb, object (24m) _____

vocabulary _____ articulation _____

comprehension _____

compared to peers _____

any current problems _____

Social development:

Smile (2m) _____ shy with strangers (6-10 m) _____

Separates from mother easily (2-3 y) _____

Cooperative play with others (4 y) _____

Quality of attachment to mother _____

Quality of attachment to father _____

Early peer interactions _____

Current peer interactions _____

Special interests _____

Relationship to family members _____

Hobbies / interests _____

Toilet training:

Age reached bowel control: day _____ night _____

Age reached bladder control: day _____ night _____

Methods used _____ ease _____

Current function _____

Sexual development:

Gender identity: _____

Any problems:

Behavior/ Discipline:

Compliance vs. non-compliance _____

Lying/ stealing _____ rule breaking _____

Methods of discipline _____

Other problems _____

Emotional development:

Early temperament: _____

Current personality: _____

Mood: _____

Habits: _____

Fears/ Phobias: _____

Special objects (blankets, dolls, etc.): _____

Ability to express feelings: _____

Physical/ sexual abuse:

Drug/ Alcohol History:

School History:

current grade: _____ Name of School: _____

school contact _____

number of schools attended _____

average grades _____

homework problems _____

specific learning disabilities _____

strengths _____

motivation _____

what have teachers said about the child/teen _____

Overall Strengths -- as viewed by parents

Overall Strengths -- as viewed by the child/teen
