

**Child and Adolescent Questionnaire**

DATE:

Page 1

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Child's Last Name

First Name

Date of Birth

Age

***Why are you seeking help for your child?***

***When did the difficulty begin?***

***What makes it worse?***

***Does anything make it better?***

***What evaluation and/or treatment has been tried?***

**MEDICATIONS USED:**

**PAST AND CURRENT MENTAL HEALTH PROVIDERS:**

**FAMILY HISTORY: (include name, mental health history and any medical problems)**  
***Biological Father***

*EDUCATION and OCCUPATION*

PATERNAL FAMILY WITH MENTAL HEALTH OR SUBSTANCE ABUSE PROBLEMS

SUCIDE ATTEMPTS:

***Biological Mother***

*EDUCATION and OCCUPATION*

MATERNAL FAMILY WITH MENTAL HEALTH OR SUBSTANCE ABUSE PROBLEMS

SUCIDE ATTEMPTS:

**CURRENT HOUSEHOLD:**

***Parents/step parents:***

***Adoption?***

***Siblings (list names and ages and how they are doing)***

Name	Age	School Performance	Mental health history

***How does your child get along with other family members?***

***How does he/she get along with peers?***



*Please use this space to tell me anything more that you think would be helpful for me to know about your child:*