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Adult, Child and Adolescent Psychiatry
Board Certified in Psychiatry,
Board Certified in Child and Adolescent Psychiatry

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PARENT-CHILD 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 to access to, but please do the best you can. Thank you.

PATIENT IDENTIFICATION

Name: _____ First appt, date: _____

Birth Date : _____ Age: _____ Sex _____
School : _____ Grade: _____ Special Education Yes/No _____

Natural Mother _____

Natural Father _____ (Please circle patient's primary guardian)

Financially Responsible Parent: _____

Responsible Parent Social Security # _____

Patient's Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work phone (mom or dad) _____

Which phone number do you prefer to be contacted at? _____

Emergency Contact (name/relationship/phone number) _____

Who is child currently living with: _____

REFERRAL SOURCE:

Person or Agency that referred you to Dr. Kanfer

Address : _____ Phone: _____

Do we have permission to release information to the referring profession when it is appropriate ? Yes _____ No _____

PURPOSE OF THE CONSULTATION

(Please give a brief summary of the main problems)

PRIOR ATTEMPTS TO CORRECT PROBLEMS:

PRIOR PSYCHIATRIC HISTORY

Previous psychiatrist/psychologist/therapist

Any history of psychiatric hospitalizations? If yes, when and how long?

History of suicide attempts? If yes when did it happen and how many times have they attempted suicide?

What past psychiatric medications have been tried and what was the response?

MEDICAL HISTORY

Current medical problems :

Past medical problems:

Other doctors/clinics see regularly:

Any history of head trauma ? (describe)

Any seizure or seizure like activity ? Any periods of spaciness or confusion?

Prior hospitalizations(place, cause, date, outcome)

Any history of infections of the brain like encephalitis or meningitis?

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

Allergies/drug allergies or drug intolerances (describe)::

MEDICATIONS: (please list all current medications, vitamins and health food supplements).

<u>Name</u>	<u>Strength</u>	<u>How often taken</u>

FAMILY MEDICAL HISTORY (Please include psychiatric illness and learning difficulties/disabilities in this area)

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,etc.)

CURRENT MARITAL SITUATION/SATISFACTION OF PARENTS

NATURAL MOTHER'S HISTORY: _____ age: _____ outside work

School: highest grade completed

Learning problems (specify)

Behavior problems (specify)

Marriages

Medical problems

Childhood

Has mother ever sought psychiatric treatment ? Yes No

Mother's alcohol/drug history

Have any other 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 _____

School: highest grade level completed

Learning problems (specify)

Behavior problems (specify)

Marriages

Medical problems -

Childhood atmosphere (family position, abuse, illness, 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 or psychiatric hospitalizations ?(specify)

(IF APPLICABLE)

STEP or ADOPTIVE MOTHER'S HISTORY: outside work CHECK VS. ORIGINAL DOCUMENT

School highest grade completed

Learning problems (specify)

Behavior problems (specify)

Marriages

Medical Problems

Childhood atmosphere(family position, abuse,illness,etc.).

Has step or adoptive mother ever sought psychiatric treatment ? Yes No

If yes, what purpose ?_

Step or adoptive mother's alcohol/drug use history

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, illness,

Has step or adoptive father ever sought psychiatric treatment ? Yes, -No.

If yes what purpose ?_

Step or adoptive father's alcohol/drug 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

At how many weeks/months did mother realize she was pregnant?

Parents attitude towards pregnancy

Conception ease ___ planned unplanned

Pregnancy complications (bleeding, excess vomiting, medications, infections, 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 hypoxia/low oxygen ? Yes_No.

Cyanosis/blue at birth ? Yes No

Length of time in the 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: (sleep walking, nightmares, recurrent dreams, current problems:going to be, etc.)

Prolonged separations from mother and / or father: age, duration, child's reaction to separation

Motor development

Please write in age, these are approximate normal limits:

Rolled over(3-5 mo.) _____ sit without support (5-7 mo.) _____ crawls (5-8 mo)_

Walks well (11-16 mo) _____ , runs well (2yrs) _____ , rides tricycle (3 yrs).

Throws ball overhead (4 yrs)

Current level of activity

Fine and gross motor coordination

Compared to peers

Language development

Several words besides dada, mama (1 yr)

Name several objects, ball, cup,etc. (15 mo)

3 words together--subject, verb, object (24 mo)

Vocabulary _____ articulation _____

Comprehension

Compared to peers

Any current problems

Social Development

Smile (2mo) _____ , shy with strangers (6-10 mo)

Separates from mother easily (2-3 yrs)

Cooperative play with others (4yrs)

Quality attachment to mother

Quality attachment to father

Early peer interactions

Current peer interactions

Special interests

Relationships to family members

Hobbies and 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

I _____ the financially responsible parent of _____ agree that I am financially responsible for the services provided my child by Steven Kanfer, M.D. Payment is due at the time services rendered.

Patient/Financially Responsible Parent

Date