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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: _____

Date of Birth: _____ 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 professional 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 and how many suicide attempts?

What past psychiatric medications have been tried and what were the responses?

MEDICAL HISTORY

Current medical problems :

Past medical problems:

Other doctors/clinics visited 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, Xrays, EEG, etc.

Allergies/drug allergies or drug intolerances (describe):

Present Height

Present Weight:

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: Work:

School (highest grade completed)

Learning problems (specify)

Behavior problems (specify)

Marriages

Medical problems

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

Has mother ever sought psychiatric treatment ? Yes No

If yes, for what purpose ?

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: Work

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

Step or adoptive mother's alcohol/drug use history

STEP or ADOPTIVE FATHER'S HISTORY: Age Work

School (highest grade completed)

Learning problems (specify)

Behavior problems (specify)

Marriages

Medical problems

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

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

If yes, for 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 post-natal 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, during first year and thereafter

Feeding history: breast vs. bottle age weaned food allergies

Current eating problems

Sleep behavior: (sleep walking, nightmares, recurrent dreams, current problems going to bed, 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 (35 mo.) _____ sitting without support (57 mo.) _____ crawling (58 mo.) _____

Walks well (1116 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

Please write in age, these are approximate normal limits:

Several words besides dada, mama (1 yr)

Names 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

Please write in age, these are approximate normal limits:

Smile (2mo) _____ Shy with strangers (610 mo.) _____

Separates from mother easily (23 yrs)

Cooperative play with others (4 yrs)

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

