



Helping Children & Families Grow Together
Kearney N. Visser, Ph.D. PSY23855

Child/Adolescent Questionnaire

CHILD INFORMATION

Child Name: _____ Child Date of Birth: _____
Age: _____ Grade: _____ Child Ethnicity: _____

Primary Language Spoken: _____

Other Languages Spoken: _____

Is your child: Right handed Left handed Ambidextrous

Please complete the chart below regarding your **current living situation** (who lives in your home):

| Name | Relationship to you | Age | Occupation |
|------|---------------------|-----|------------|
| | | | |
| | | | |
| | | | |

DEVELOPMENTAL MILESTONES

At what age did your child reach the following developmental milestones?

- ✓ Sitting unsupported: _____
- ✓ Crawling: _____
- ✓ Walking alone: _____
- ✓ Single Words: _____
- ✓ Using 2 or more words together: _____
- ✓ Urine (toileted during the day): _____





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✓ Urine (toileted at night): _____

✓ Bowel (toileted during the day): _____

✓ Bowel (toileted at night): _____

Additional information regarding your child's development: _____

Describe your child's **temperament** during the first 6 months (i.e. sleep and eating patterns, colic/fussiness, eating): _____

List any **major changes** or life events that have occurred for your child in the last two years:

Is there a history of **physical or sexual abuse**? If so, please describe: _____

Is there anyone in your immediate family or biologically related to your child that experiences or has experienced the following? Please circle and indicate which family member:

Nervous Tics

Seizures/Epilepsy

Depression

Bipolar Disorder

Anxiety Disorders (OCD, Tourette's, General Anxiety Disorder etc.)





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- Medical Problems (i.e. Thyroid problems etc.)
- ADHD
- Learning Problems
- Intellectual Disability
- Autism Spectrum Disorders (Asperger's, Autism, PDD-NOS)
- Substance Abuse (alcohol & drugs)
- Involvement with the legal system due to substance abuse problems

SCHOOL INFORMATION

School: _____ School's Address: _____

Grade: _____

Does your child have an **Independent Educational Plan (IEP)** or equivalent accommodation?

Yes No

- If yes, please describe: _____

Has your child ever had disciplinary action at school or have concerns been expressed by teachers?

Yes No

- If yes, please describe: _____

Is your child involved in **extracurricular activities**? Yes No

- If yes, what type and how often? _____

Is your child involved in athletics? Yes No

- If yes, what type and how often: _____





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Describe your child's **social interaction** both in and out of school (play dates, close friendships, school friends): _____

Describe your **child's favorite toy, television program or activity** (include duration and frequency of play):

MEDICAL INFORMATION

Primary Pediatrician's Name: _____ Address: _____

Phone: _____ Date of Last Appointment: _____

Date of your child's last hearing and vision exam and results: _____

Pregnancy and birth history (Describe any complications that occurred during pregnancy and delivery):

Birth Length: _____ Birth Weight: _____

How long after birth did you take your child home? _____

List any current **medications**/dosage that your child is taking (prescribed and over-the-counter) and why:





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- For what reason? _____

Please list any /all **serious illnesses, surgeries**, concussions/loss of consciousness, and medical problems:

Has your child had any **traumas** or exposure to violence (physical, sexual abuse, medical trauma)?

- Yes No

- If yes, please explain: _____

PARENT INFORMATION

Adults Name: _____ Age: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email address: _____

Cultural Background/Ethnicity: _____

Relationship Status: _____

Years/Times Married, Separated, Divorced: _____

Has your child ever seen a psychologist or psychiatrist? Yes No

- If yes, for what concerns, and what was helpful or not helpful about this treatment? _____





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Reason for seeking therapy at this time (describe the reasons you are requesting therapy for your child. If possible, include a list of specific questions for which answers are sought): _____

Who referred you to Dr. Kearney N. Visser: _____

PARENT EMPLOYMENT

Employer Name: _____ Title: _____

Full-time Part-time Student Unemployed

Spouse/Partner Employer Name: _____ Title: _____

HIGHEST LEVEL OF PARENT EDUCATION

- Some High School High School/GED Some College
 Technical/Apprentice AA Degree BA/BS Degree
 MA/MS Degree MD/JD/Doctoral Degree Other: _____

EMERGENCY CONTACT

Please identify an individual that we may contact in the event of an emergency.

Name: _____ Relationship to you: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____





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Thank you for your time, and I look forward to working with you!

