



### PARENT REPORT

Disorder/Disease	Relationship to patient
Thyroid Disorder _____	_____
Seizure Disorder _____	_____
Diabetes _____	_____
Hypertension _____	_____
Cancer _____	_____
Heart Disease _____	_____
Kidney Disease _____	_____
Retardation _____	_____
Enuresis/Bedwetting _____	_____
Other (please list) _____	_____

Alcoholism/substance abuse _____	_____
Anxiety/Panic disorders/Phobias _____	_____
Bipolar disorder (manic depression) _____	_____
Attention Deficit Disorder _____	_____
Aggression _____	_____
Schizophrenia _____	_____
Depression _____	_____
Other (please list) _____	_____

Spouse abuse _____	_____
Child abuse _____	_____
Sexual abuse _____	_____
Violence/poor impulse control _____	_____

Please provide the following information about the deaths of family members:

Year	Relationship to Patient
_____	_____
_____	_____
_____	_____
_____	_____

When did you first become aware that your child had significant problems?

\_\_\_\_\_

\_\_\_\_\_

## PARENT REPORT

What steps have you taken so far to help your child with his/her problem?

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Have you noticed that your child has been:

Aggressive toward family members \_\_\_\_\_ Violent toward family members \_\_\_\_\_

Stealing from family members \_\_\_\_\_ Refusing to abide by parental limits \_\_\_\_\_

Please describe:

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Have you noticed that your child has been:

Withdrawn from friends \_\_\_\_\_ Involved with a new group of friends \_\_\_\_\_

Fighting with peers \_\_\_\_\_ Threatening others \_\_\_\_\_

Running away \_\_\_\_\_ Stealing from others \_\_\_\_\_

Shoplifting \_\_\_\_\_ Sexually promiscuous \_\_\_\_\_

Using drugs/alcohol \_\_\_\_\_ Other \_\_\_\_\_

Please describe:

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Has your child experienced any of the following problems in school?

Failing classes \_\_\_\_\_ Hyperactive behavior \_\_\_\_\_ Learning disability \_\_\_\_\_

Inability to concentrate \_\_\_\_\_ Truancy \_\_\_\_\_ Repetition of a grade \_\_\_\_\_

Underachievement \_\_\_\_\_ Abusiveness towards teachers \_\_\_\_\_

Behavior problems \_\_\_\_\_ Suspension from school \_\_\_\_\_

Please describe:

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## PARENT REPORT

Have you noticed that your child is:

Moody \_\_\_\_ Guilt ridden \_\_\_\_ Unable to sleep \_\_\_\_ Eating poorly \_\_\_\_  
Losing weight \_\_\_\_ Talking about death \_\_\_\_ Talking about suicide \_\_\_\_  
Acting strangely \_\_\_\_ Irritable/angry \_\_\_\_ Unable to control his/her anger \_\_\_\_  
Impulsive \_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever attempted suicide or attempted to harm himself/herself?

Describe what happened and when. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child experienced any of the following?

Difficult to soothe	_____
Nightmares	_____
Medical illnesses	_____
Eating/feeding problems	_____
Nail biting	_____
Destructiveness	_____
Fire setting	_____
Cruelty to pets	_____
Problems separating from parents	_____
Poor school adjustment	_____
Late in learning to walk	_____
Late in learning to talk	_____
Late in being toilet trained	_____
Late in stopping thumb sucking	_____
Irregular sleep patterns	_____

Please discuss any other problems your child has experienced that you think would be important for me to know about.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENT REPORT

### Allergies

Medicine \_\_\_\_\_

Food \_\_\_\_\_

Other \_\_\_\_\_

### Previous Hospital Admissions

#### Medical/Surgical

Dates	Hospital	Reason for Admission
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### Psychiatric

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Other serious illnesses or injuries

Dates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Therapy History

Therapist Name	Address	Phone	Dates of Treatment
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Psychological Testing

Date: \_\_\_\_\_ Where tested: \_\_\_\_\_

Results of Testing \_\_\_\_\_  
\_\_\_\_\_

Do you have a copy of the report? \_\_\_\_\_

### Current Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

