

# AMIGO FAMILY COUNSELING, LLC

## Parent Questionnaire

Information completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M / F / Other

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_

NAME

ADDRESS

Teacher's Name: \_\_\_\_\_

Ethnicity: White / Black / Hispanic / American Indian / Other: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Child lives with: Natural Mother      Natural Father      Stepmother      Stepfather  
Adoptive Mother      Adoptive Father      Foster Mother      Foster Father  
Other (Please Specify): \_\_\_\_\_

Who has legal custody of the child? \_\_\_\_\_

If either parent is NOT in the home, where does he/she live? \_\_\_\_\_

Frequency of visits with child: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Age: \_\_\_\_\_

If parents are divorced: Date of Separation \_\_\_\_\_ Date of Divorce \_\_\_\_\_

If either parent has remarried: Date of remarriage/Mother \_\_\_\_\_ Father \_\_\_\_\_

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Provide the following information on any adult who does not live in the home, but has frequent and regular contact with the child.

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

If both parents are employed, who cares for the child in their absence? \_\_\_\_\_

Give a brief summary of your main concerns about your child.

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When did these problems begin?

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Describe any stress which your family is currently experiencing.

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What type(s) of discipline do you most frequently use with your child?

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What is most effective?

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	Not at all	Just a little	Pretty much	Very Much
1. Picks at things (Nails, fingers, hair, clothing)				
2. Sassy to grown-ups.				
3. Problems with make or keeping friends.				
4. Excitable, impulsive.				
5. Wants to be in charge.				
6. Sucks or chews (thumb, clothing, blankets).				
7. Cries easily or often.				
8. Carries a chip on his/her shoulder.				
9. Daydreams.				
10. Difficulty in learning.				
11. Restless in the "Squirmy" sense.				
12. Fearful of new situation (people, place, school).				
13. Restless, always up and on the go.				
14. Destructive.				
15. Tells lies or stories that aren't true.				
16. Shy.				
17. Gets into more trouble than others of same age.				
18. Speaks different from others of same age (baby talk, stuttering, hard to understand)				
19. Denies mistakes or blames other.				
20. Quarrelsome.				
21. Pouts and sulks.				
22. Steals.				
23. Disobedient or obeys but resentfully.				
24. Worries more than others (illness, death, lonely).				
25. Fails to finish things.				
26. Feelings are easily hurt.				
27. Bullies others.				
28. Unable to stop a repetitive activity.				
29. Cruel				
30. Childish or immature (wants help he/she shouldn't need; clings; needs constant reassurance).				

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	Not at all	Just a little	Pretty much	Very much
31. Distractibility or attention span problem.				
32. Headaches.				
33. Mood changes quickly and drastically.				
34. Doesn't like or follow rules or restrictions.				
35. Fights constantly.				
36. Doesn't get along well with brothers and sisters.				
37. Easily frustrated in efforts.				
38. Disturbs other children.				
39. Basically an unhappy child.				
40. Problems with eating (poor appetite, up between bites).				
41. Stomach aches.				
42. Problems with sleep (Can't fall sleep; up too early; up at night).				
43. Other aches and pains.				
44. Vomiting or nausea.				
45. Feels cheated in family circle.				
46. Boasts and brags.				
47. Is easily manipulated.				
48. Bowel problems (frequently loose; irregular habits, constipation).				

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer all questions. Beside each item below, indicate the degree of the problem by a checkmark (✓)

## Home Behavior

All children exhibit, to some degree, the kinds of behavior listed below. Check those which you believe your child exhibits to an excessive degree when compared to other children his or her age.

Hyperactivity (high activity level) \_\_\_\_\_ Poor attention span \_\_\_\_\_ Impulsivity (poor self control) \_\_\_\_\_  
 Low frustration threshold \_\_\_\_\_ Temper outbursts \_\_\_\_\_ Sloppy table manners \_\_\_\_\_ Interrupts frequently \_\_\_\_\_  
 Doesn't listen when spoken to \_\_\_\_\_ Sudden outbursts of physical aggression towards other children \_\_\_\_\_  
 Acts as if he or she is driven by a motor \_\_\_\_\_ Wears out shoes more frequently than siblings \_\_\_\_\_  
 Doesn't seem to learn from experience \_\_\_\_\_ Excessive number of accidents \_\_\_\_\_ Heedless to danger \_\_\_\_\_  
 Poor memory \_\_\_\_\_ More active than siblings \_\_\_\_\_

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## Peer Relationships

Does your child seek friendships with peers? \_\_\_\_\_ Is your child sought by peers? \_\_\_\_\_

Does your child play primarily with children his/her own age? \_\_\_\_\_ Younger \_\_\_\_\_ Older \_\_\_\_\_

Briefly describe any problems your child may have with peers:

\_\_\_\_\_

**Siblings:** Give the following information on your child's siblings

Name	Grade or occupation	Sex	Age	Full	Half	Step	Adopted	Living at home

Describe any medical, social, or academic problems of any sibling.

Name _____	Problem _____
_____	_____
_____	_____
_____	_____

## Family History – Mother

Present age: \_\_\_\_\_ Age at time of client's birth: \_\_\_\_\_

Sterility problems (specify): \_\_\_\_\_

School: Highest grade completed: \_\_\_\_\_ Grade(s) repeated: \_\_\_\_\_

Learning problems: \_\_\_\_\_ Behavior problems: \_\_\_\_\_

Medical problems (specify): \_\_\_\_\_

Have any of your blood relatives ever had problems similar to those of your child? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Has any family member had problems with (check all that apply):

Alcoholism \_\_\_\_\_ Drug Abuse \_\_\_\_\_ Depression \_\_\_\_\_ Mental Illness \_\_\_\_\_ Short Attention Span \_\_\_\_\_

Hyperactivity \_\_\_\_\_ Impulsive Behavior \_\_\_\_\_

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## Family History – Father

Present age: \_\_\_\_\_ Age at time of client's birth: \_\_\_\_\_

Sterility problems (specify): \_\_\_\_\_

School: Highest grade completed: \_\_\_\_\_ Grade(s) repeated: \_\_\_\_\_

Learning problems: \_\_\_\_\_ Behavior problems: \_\_\_\_\_

Medical problems (specify): \_\_\_\_\_

Have any of your blood relatives ever had problems similar to those of your child? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Has any family member had problems with (check all that apply):

Alcoholism \_\_\_\_ Drug Abuse \_\_\_\_ Depression \_\_\_\_ Mental Illness \_\_\_\_ Short Attention Span \_\_\_\_

Hyperactivity \_\_\_\_ Impulsive Behavior \_\_\_\_

What types of moves have occurred during the Child's lifetime?

1. Lived in the same place \_\_\_\_\_

2. Moved between States \_\_\_\_\_ Number of times \_\_\_\_\_

3. Moved between cities \_\_\_\_\_ Number of times \_\_\_\_\_

4. Moved within the same city \_\_\_\_\_ Number of times \_\_\_\_\_

## Pregnancy

Complications: Please check any that have occurred.

Excessive vomiting \_\_\_\_ Hospitalization required? \_\_\_\_

Excessive spotting or blood loss? \_\_\_\_ Threatened miscarriage \_\_\_\_

Infection \_\_\_\_ Please specify \_\_\_\_\_

Surgery \_\_\_\_ Please specify \_\_\_\_\_

Toxemia \_\_\_\_ Other illness \_\_\_\_ Please Specify \_\_\_\_\_

Smoking during pregnancy \_\_\_\_ Average number of cigarettes per day \_\_\_\_\_

Alcohol consumption during pregnancy \_\_\_\_ Please describe the amount \_\_\_\_\_

List any medication during pregnancy \_\_\_\_\_

X-ray studies done during pregnancy \_\_\_\_\_

Duration of pregnancy \_\_\_\_\_

Medical care during pregnancy began in what month? \_\_\_\_\_

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## Delivery

Type of labor: Spontaneous \_\_\_\_\_ Induced \_\_\_\_\_

Forceps: High \_\_\_\_\_ Mid \_\_\_\_\_ Low \_\_\_\_\_

Duration of labor: \_\_\_\_\_ hours

Type of delivery: Vertex (normal) \_\_\_\_\_ Breech \_\_\_\_\_ Caesarean \_\_\_\_\_

Complications:

Cord around neck \_\_\_\_\_ Cord presented first \_\_\_\_\_ Hemorrhage \_\_\_\_\_

Infant injured during delivery \_\_\_\_\_ Other complications, please specify: \_\_\_\_\_

Birth Weight: \_\_\_\_\_

## Post-Delivery (while in hospital)

Respiration: Immediate \_\_\_\_\_ Delayed, please specify how long \_\_\_\_\_

Cry: Immediate \_\_\_\_\_ Delayed, please specify how long \_\_\_\_\_

Mucus accumulation \_\_\_\_\_ Apgar score (if known) \_\_\_\_\_ Jaundice \_\_\_\_\_ Rh factor \_\_\_\_\_

Transfusion \_\_\_\_\_ Cyanosis (turned blue) \_\_\_\_\_ Incubator care \_\_\_\_\_ Number of days \_\_\_\_\_

Suck: Strong \_\_\_\_\_ Weak \_\_\_\_\_

Infection (please specify): \_\_\_\_\_

Vomiting \_\_\_\_\_ Diarrhea \_\_\_\_\_

Birth defects (please specify): \_\_\_\_\_

Total number of days baby was in the hospital after the delivery \_\_\_\_\_

## Infancy-Toddler Period

Were any of the following present to a significant degree during the first few years of life? If so, please describe.

Did not enjoy cuddling \_\_\_\_\_

Was not calmed by being held and/or stroked \_\_\_\_\_

Colic \_\_\_\_\_

Excessive restlessness \_\_\_\_\_

Diminished sleep because of restlessness and easy disruption \_\_\_\_\_

Frequent head-banging \_\_\_\_\_

Constantly getting into everything \_\_\_\_\_

Excessive number of accidents compared to other children \_\_\_\_\_

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## Developmental Milestones

If you can recall, record the age at which your child reached the following developmental milestones. If you cannot recall, check one of the items to the right.

	AGE	EARLY	NORMAL TIME	LATE
Smiled				
Sat without support				
Crawled				
Walked alone				
Spoke first words- besides mama, dada				
Said phrases				
Said sentences				
Bowel trained, day				
Bowel trained, night				
Bladder trained, day				
Bladder trained, night				
Rode tricycle				
Rode bicycle (no training wheels)				
Buttoned clothing				
Tied shoelaces				
Named colors				
Named coins				
Said alphabet in order				
Began to read				



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## Coordination

Rate your child on the following skills:

	GOOD	AVERAGE	POOR
Walking			
Running			
Throwing			
Catching			
Shoelace tying			
Buttoning			
Writing			
Athletic ability			

Most children exhibit, at one time or another, one or more of the symptoms listed below. Please place a P next to those your child has exhibited in the PAST and an N next to those he/she exhibits NOW. Only mark those symptoms that have been or are present to a significant degree over a period of time. Only check as problem behaviors that you suspect are unusual or abnormal when compared to what you consider normal for your child's age.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Thumb sucking  | <input type="checkbox"/> Frequent use of profanity to authority figures       | <input type="checkbox"/> Excessive masturbation  |
| <input type="checkbox"/> Baby talk  | <input type="checkbox"/> Truancy from school                                  | <input type="checkbox"/> Little, if any, response to punishment for anti-social behavior |
| <input type="checkbox"/> Frequent temper tantrums                                     | <input type="checkbox"/> Preoccupied with food – what to eat, what not to eat | <input type="checkbox"/> Few, if any, friends  |
| <input type="checkbox"/> Excessive silliness or clowning                              | <input type="checkbox"/> Preoccupation with bowel movements                   | <input type="checkbox"/> Doesn't seek friends  |
| <input type="checkbox"/> Excessive demand for attention                               | <input type="checkbox"/> Constipation   | <input type="checkbox"/> Rarely sought by peers  |
| <input type="checkbox"/> Cries easily and frequently                                  | <input type="checkbox"/> Encopresis (soiling)                                 | <input type="checkbox"/> Not accepted by peers   |
| <input type="checkbox"/> Generally immature   | <input type="checkbox"/> Enuresis (bed wetting)                               | <input type="checkbox"/> Selfish   |
| <input type="checkbox"/> Eats non-edible substances                                   | <input type="checkbox"/> Frequent nightmares                                  | <input type="checkbox"/> Doesn't respect rights of others                                |
| <input type="checkbox"/> Overeating with overweight                                   | <input type="checkbox"/> Night Terrors (terrifying nighttime outbursts)       | <input type="checkbox"/> Frequently likes to wear clothing of the opposite sex           |
| <input type="checkbox"/> Eating binges  | <input type="checkbox"/> Sleepwalking   | <input type="checkbox"/> Exhibits gestures and intonations of the opposite sex           |
| <input type="checkbox"/> Undereating with underweight                                 | <input type="checkbox"/> Excessive sexual interest and preoccupation          | <input type="checkbox"/> Frequent headaches  |
| <input type="checkbox"/> Long periods of dieting and food abstinence with underweight | <input type="checkbox"/> Frequent sex play with others                        | <input type="checkbox"/> Frequent stomach cramps   |
| <input type="checkbox"/> Poor follow-through  |   | <input type="checkbox"/> Complains of aches and pains                                    |
| <input type="checkbox"/> Low curiosity  |   | <input type="checkbox"/> Worries over illness  |
| <input type="checkbox"/> Open defiance of authority                                   |   |  |
| <input type="checkbox"/> Blatantly uncooperative                                      |   |  |

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- Poor motivation
- Apathy
- Takes path of least resistance
- Tries to avoid responsibility
- Suspicious
- Aloof
- "Smart aleck" attitude
- Bribes other children
- Excessively competitive
- Often cheats in games
- Runs away from home
- Violent outbursts
- Stealing
- Cruelty to animals or children
- Destruction of property
- Criminal and/or dangerous acts
- Trouble with police
- Violent assault
- Fire setting
- Little, if any, guilt over behavior that causes discomfort or pain to others
- Quietly or silently defiant of authority
- Feigns compliance but doesn't comply with request
- Drug abuse
- Alcohol abuse
- Very tense
- Nail biting
- Chews on clothes, blankets, etc
- Head banging
- Hair pulling
- Picks at skin
- Speak rapidly and under pressure
- Wants things on way with exaggerated reaction if thwarted.
- Trouble putting self in other's position
- Egocentric (self-centered)
- Frequently hits others
- Argumentative
- Excessively critical of others
- "Always" complaining
- Is often picked on and easily bullied by other children
- Anxiety attacks with heart pounding, shortness of breath, sweating, etc.
- Disorganized
- Tics: such as eye-blinking, grimacing, or other spasmodic, repetitious movements
- Involuntary grunts, sounds (understandable or not)
- Stuttering
- Depression
- Frequent crying spells
- Excessive worrying over minor things
- Suicidal preoccupation, gestures, or attempts
- Irritability
- "Sore loser"
- "Doesn't know when to stop"
- Poor common sense in social situations
- Often feels cheated
- Feels other are persecuting him when there is no evidence for such
- Always wants his/her own way
- Very stubborn
- Deliberately delays process or prevents change
- Negative (does just opposite of what is requested)
- Excessive self-criticism
- Tolerates criticism poorly
- Feelings easily hurt
- Dissatisfaction with appearance
- Excessive modesty over bodily exposure
- Perfectionistic, rarely satisfied with performance
- Frequently blames others as a cover-up for own shortcomings
- Has fears of:
  - Dark
  - New situations
  - Strangers
  - Being alone
  - Death
  - Separation from parent(s)
  - School
  - Visiting other children's homes
  - Going away to camp

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Animals

Other (specify):

\_\_\_\_\_

\_\_\_\_\_

Withdrawn

Fears asserting self

Inhibits open expression

Inhibits open expression

Allows self to be easily taken advantage of

Frequently pouts and/or sulks

Excessive desire to please

authority

"Too good"

Often appears insincere and/or

artificial

Too mature, acts older than actual age

Excessive guilt over minor indiscretions

Asks to be punished

Little concern for personal appearance or hygiene

"Gets hooked" on certain ideas and remains preoccupied

Compulsive repetition of seemingly meaningless physical acts

Shy

Flat emotional tone

Inhibited self-expression in dancing, singing, laughing, etc.

Recoils from affectionate, physical contact

Does not communicate or poorly communicates

Hears voices

Sees visions

## Comprehension and Understanding

Do you consider your child to understand directions and situations as well as other children his or her age? \_\_\_\_\_

If no, please explain: \_\_\_\_\_

How would you rate your child's overall level of intelligence compared to other children his or her age?

Below average

Average

Above average

Rate your child's school experiences related to academic learning:

	GOOD	AVERAGE	POOR
Nursery School			
Kindergarten			
Current Grade			

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To the best of your knowledge, at what grade level is your child functioning?

Reading \_\_\_\_\_ Spelling \_\_\_\_\_ Mathematics \_\_\_\_\_

Has your child ever repeated a grade? \_\_\_\_\_ If so, which one(s)? \_\_\_\_\_

Present class placement: Regular class \_\_\_\_\_ Special Class (specify) \_\_\_\_\_

Kinds of special therapy or remedial work your child is currently receiving \_\_\_\_\_

Briefly describe any academic problems: \_\_\_\_\_

Rate your child's school experience related to behavior:

	GOOD	AVERAGE	POOR
Nursery School			
Kindergarten			
Current Grade			

Does your child's teacher describe any of the following as significant classroom problems?

\_\_\_ Does not sit still in his/her seat

\_\_\_ Frequently walks around classroom

\_\_\_ Won't wait his/her turn

\_\_\_ Does not respect others' rights

\_\_\_ Shouts out; does not wait to be called upon

\_\_\_ Does not cooperate well in group activities

\_\_\_ Does better in one-to-one relationships

\_\_\_ Inattentive during storytelling

Briefly describe any other classroom behavioral problems: \_\_\_\_\_

## Interests and Accomplishments

What are your child's main hobbies and interests? \_\_\_\_\_

What are his/her areas of greatest accomplishment? \_\_\_\_\_

What does your child enjoy doing most? \_\_\_\_\_

What does your child dislike doing most? \_\_\_\_\_

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## Medical History

If your child's medical history includes any of the following, please note the age when the incident or illness occurred and any other pertinent information.

Childhood diseases (describe any complications) \_\_\_\_\_

Hospitalizations for illnesses other than surgeries \_\_\_\_\_

Surgeries \_\_\_\_\_

Head injuries \_\_\_\_\_ with unconsciousness \_\_\_\_\_ without \_\_\_\_\_

Convulsions \_\_\_\_\_ with fever \_\_\_\_\_ without \_\_\_\_\_

Coma \_\_\_\_\_

Meningitis or encephalitis \_\_\_\_\_

Immunization reactions \_\_\_\_\_

Persistent high fevers \_\_\_\_\_ highest temperature recorded \_\_\_\_\_

Eye Problems \_\_\_\_\_

Poisoning \_\_\_\_\_

Allergies (please specify) \_\_\_\_\_

## Present Medical Status

Present height \_\_\_\_\_ Present weight \_\_\_\_\_

Present illness or illnesses for which child is being treated \_\_\_\_\_

Medications child is taking on a continual basis \_\_\_\_\_

Date of child's most recent physical examination \_\_\_\_\_