Psychology Intake Questionnaire

The following questionnaire is designed to assist with gathering information to understand your child’s unique circumstances and guide treatment.

Child’s name: ______________________ DOB: ___ Age: ___ Gender: ______

Person completing questionnaire & relationship to child: __________________________________________

Today’s date: _____________

Family members and household composition:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
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Custody arrangements if applicable:

__________________________________________________________________________________

Are there any legal proceedings currently occurring Y/N. If so please provide details:

__________________________________________________________________________________

Briefly describe the concerns you have about your child or family situation:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

When was the problem first noticed: _____________________________________________________

Please describe your child’s strengths:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Please list your child’s favourite activities:

1. ____________________ 2. ____________________ 3. ____________________
Please list your least favourite activities:

1. ____________________ 2. ____________________ 3. ____________________

Developmental History:

Were there any problems during pregnancy? If yes, please describe:

_________________________________________________________________________

Was the birth mother taking any medications during pregnancy? If yes, please describe:

_________________________________________________________________________

Term length: □ Full term □ Premature ___(weeks) □ Late ___ (weeks)

Birth weight:___________

Any complications during birth? If yes, please describe:

_________________________________________________________________________

Did your child experience any complications following birth? If yes, please describe:

_________________________________________________________________________

The following is a list of infant and early childhood developmental milestones. Please indicate the approximate age when your child was able to do the following:

<table>
<thead>
<tr>
<th>Behaviour</th>
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<th>Behaviour</th>
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<tbody>
<tr>
<td>Showed response to parent</td>
<td></td>
<td>Said several words together</td>
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</tr>
<tr>
<td>Rolled over</td>
<td></td>
<td>Dressed self</td>
<td></td>
</tr>
<tr>
<td>Crawled</td>
<td></td>
<td>Toilet trained</td>
<td></td>
</tr>
<tr>
<td>Sat alone</td>
<td></td>
<td>Fed self</td>
<td></td>
</tr>
<tr>
<td>Babbled</td>
<td></td>
<td>Rode bicycle</td>
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</tr>
<tr>
<td>Spoke first words</td>
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Social and Emotional Development:

Please tick if you currently observe any of the following:

- Difficulty communicating
- Prefers to play alone
- Does not get along well with peers
- Does not get along well with siblings
- Is aggressive
- Is shy or timid
- Is more interested in objects than people
- Engages in dangerous behaviours
- Has particular fears
- Soils self or bed
- Frequent tantrums
- Frequent nightmares
- Difficulties sleeping
- Eats poorly
- Frequently in trouble
- Avoids things that cause anxiety
- Intense interests
- Fixated on gaming or technology
- Poor behaviour if gaming not available
- Avoids / refuses school

Education:

What schools or educational facilities has your child attended? Please list all below:

1. Day care ________________________________
2. Kindergarten ________________________________
3. Primary school ________________________________
4. High school ________________________________
Please list any difficulties your child has experienced since commencing their formal education
Eg. Separation anxiety at drop off, learning difficulties, social difficulties.

_______________________________________________________________________________________________

Has your child been given any additional supports at school. □ Y □ N If yes, please provide details.

_______________________________________________________________________________________________

Is your child achieving at the expected level or above on their most recent school report □ Y □ N
If no, please list what areas they are experiencing difficulty with?

Medical History:

Does your child have any current medical conditions □ Yes □ No. If yes, please provide details.

_______________________________________________________________________________________________

Does your child take any medications □ Yes □ No. If yes, please list medications and reasons.

_______________________________________________________________________________________________

Has your child previously experienced any serious illnesses or injury □ Yes □ No. If yes, please provide details.

_______________________________________________________________________________________________

Is there any family history of psychological, developmental or learning disorders □ Yes □ No. If yes, please provide details.

_______________________________________________________________________________________________

Treatment History:

Has your child previously consulted a professional for psychological or behavioural problems? □ Yes □ No. If yes, please provide details.

_______________________________________________________________________________________________

Has your child previously or currently accessing other allied health treatments Eg. Speech pathology, occupational therapy ? □ Yes □ No. If yes, please provide details.

_______________________________________________________________________________________________

What treatments have you previously found helpful or unhelpful? Please provide details.
Parenting & Behaviour Management:

What disciplinary measures do you use when your child misbehaves? Please tick all applicable.

- Ignore problem behaviour
- Scold child
- Threaten child
- Withdraw access to technology
- Redirection
- Time out
- Send child to their room
- Remove an item such as a toy
- Reason with child
- Other (Please describe) ______________________

What measures do you use to reward desired behaviour? Please tick all applicable.

- Praise
- Rewards charts with goal
- Access to technology
- Money
- Rewards Eg. Sticker
- Affection
- Food based rewards Eg. Lolly
- Other (Please describe) ______________________

Technology:

Please list any devices such as mobile phones, I pods or gaming consoles your child has access to:

How many days per week does your child have access to devices or gaming? ______________________

How many hours per day does your child average playing on devices or gaming? ___________________

Do you experience any problems if restrictions are placed on access to devices or gaming? If yes, please provide details: _____________________________________________________________________

Do you consider that access to devices or gaming causes problems for your child or family? If yes, please provide details: _____________________________________________________________________

Is there anything else relevant to your child or family circumstances that I should be made aware of?
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Thank you for your time