Child Development Network

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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:

Name	Relationship	Age

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:

Behaviour	Age	Behaviour	Age
Showed response to parent	_____	Said several words together	_____
Rolled over	_____	Dressed self	_____
Crawled	_____	Toilet trained	_____
Sat alone	_____	Fed self	_____
Babbled	_____	Rode bicycle	_____
Spoke first words	_____		

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