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>
<th>Age</th>
<th>Behaviour</th>
<th>Age</th>
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</thead>
<tbody>
<tr>
<td>Showed response to parent</td>
<td></td>
<td>Said several words together</td>
<td></td>
</tr>
<tr>
<td>Rolled over</td>
<td></td>
<td>Dressed self</td>
<td></td>
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<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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</table>

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
- [ ] 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
- [ ] 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