



Youth Biopsychosocial Form
CHILD AND ADOLESCENT QUESTIONNAIRE

The following 8 pages may be completed by the parent, the patient and/or therapist.

Date ___ / ___ / ___

1. Patient Name _____ Birth Date ___ / ___ / ___ Age _____

Nickname(s) usually used _____ Sex Male Female

2. Child's Legal Guardian(s) _____

3. Description of Goals

You came to us seeking help with some difficulties. If we have helped as you are hoping, *what behaviors and talk will you see and hear after things are better?* Include what will be different for child and family. (For example: "We will be talking through problems without yelling at each other.")

4. Who Lives in the Child's Home?

Name	Sex	Birth Date / Age	Relationship to Child

List the occupations of the adults who live in the home and how many hours worked outside the home per week:

First Name Occupation Hours worked per week (average)

Describe how the child gets along with the children and the adults who live in the child's home.

Staff Section: Reviewed

5. **Caretakers:** Does the child spend time with primary care givers other than parents?

No Yes Please list:

6. **Other Important Persons:**

A. List parents, siblings (biologic, step or adoptive) and other important relatives who are not currently in the home:

Name	Age	City	Relationship to Child	Frequency Seen

B. Describe how the child gets along with the above persons:

C. IF the above list includes a parent, list address and home & work phone numbers:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

7. Is the child **ADOPTED**? No Yes If yes, age of child when adopted _____
Is the child a **FOSTER** child? No Yes If yes, list caseworker's name and telephone number:

Caseworker's name _____ Phone Number _____ County _____

8. **Child's Biologic Parents are now:**

Never Married

and together

and separated List date separated _____

Married – How many years? _____

Separated – List date separated _____

Divorced – List date divorced _____

Has either parent remarried? No Yes If yes, when? _____

Deceased – List relationship and date deceased: _____

Staff Section: Reviewed

9. Custody & Visitation

If divorced or separated, what is the custody arrangement and what is the visitation arrangement?
How well do these arrangements work?

10. Patient Health Information

A. Birth Weight: _____

Any problems with the pregnancy or delivery? No Yes If Yes, please describe:

B. Developmental Milestones: (List any problems below)

Infancy: Birth to two years. List any significant delays/problems such as feeding problems or slow to walk or talk: None

Toddler / preschool: 2–5 years. List any developmental delays or difficulties such as trouble with toilet training, speech or self care: None

School age: 8–12 years. Describe any delays/problems such as attention problems, school refusal or early puberty: Not applicable None

Middle / High School: 13–18 years: Describe any delays/problems: Not applicable None

C. Vision: Glasses/Contacts? No Yes: Describe _____

D. Physical Handicaps or Physical Challenges: None Yes
Please describe:

E. Sleep: Average hours of sleep per night? _____

Child sleeps: Soundly Fitfully or restlessly

Has bad dreams: Never Occasionally Frequently

Do you have concerns about sleep or bedtime? No Yes: Describe

Staff Section: Reviewed

F. **Nutrition:** Appetite is usually: Good Excessive Poor Variable
Dental Braces / Appliances: None Yes: Describe _____
Do you have any concerns about the child's eating patterns or nutrition? No Yes: Explain:

Is there a history of vomiting, bingeing or excessive preoccupation with food? No Yes: Explain:

G. **Menstruation:** Not applicable Has menstruation begun? No Yes
If so, at what age? _____ Has menstruation been: Painful Irregular
Do you think there are excessive signs of PMS? No Yes
Comments:

H. **Past Medications:** If your child has taken others medicines *not already listed on the health history form* for psychiatric, nervous or behavioral reasons, please list:
1.
2.
3.

11. **School Information:** (If in Day Care or Pre-School, please fill out as applicable)

Name of School _____ School Phone Number _____

School Address _____

Present Grade Level _____ Special Placement or Classes? _____

Current Teacher _____ Current Counselor _____

Began school at what age? _____ Adjusted to school: Easily With difficulty
Repeated grades? None Yes If yes, what grade(s)? _____

Best subjects: _____

Hardest subjects: _____

Staff Section: Reviewed

Most grades have been: A B C D F When, if ever, did work begin declining? _____ Not Applicable

How does your child best learn? Reading Hearing Watching Hands on

Expulsions/Detentions/Suspensions? None Yes If yes, please explain:

Describe relationships with other students and teachers:

Additional comments about recent school behaviors:

12. Spiritual Background: Past & present religious affiliation, involvement in church, guiding spiritual principles:

What particular spiritual/religious issues would you like help addressing with your child? None

What spiritual/religious resources does the child/teen have available? (Check all that apply)

Prayer Faith community Spiritual friend Spiritual reading Church attendance

Other _____

Would you like to discuss any of these spiritual issues with someone? No Yes

13. Family Information:

A. Residences: Number of times the family has moved since the child was born: _____

Date of most recent move: _____

Staff Section: Reviewed

B. Family Mental Health:

Any family history of emotional problems (For example: nervous breakdowns, depression, excessive anxiety or obsessions/compulsions)? None Yes Please list:

C. Losses: Please list any significant deaths or losses. Include relatives, friends and pets.
 None

D. Discipline: What forms of discipline do you use when correcting your child? Check for form(s) that you think work best for your child and family:

Time Outs Grounding Loss of toy/privilege Spanking Praise
 Contracts Rewards Other (describe) _____

Who is the main disciplinarian in your home?

Is there anything you want to write about the rules in your child's home(s) and how discipline occurs?
 No Yes (describe):

E. Leisure / Hobbies / Play: What does your child enjoy doing in his/her free time? What social activities, extracurricular activities, lessons or sports is he/she involved in?

What kinds of activities does your *family* enjoy together?

F. Financial: How would you describe your current financial status? Describe any financial concerns you have currently:

Staff Section: Reviewed

G. **Changes:** Any other changes such as friends moving, changes in custody, parent's work hours, parent's health etc. No Yes (describe):

14. **Friends / Social:** Do you have any concerns about your child's ability to choose and maintain friendships?
 No Yes Comments or concerns about your child's friendships:

15. **Cultural: Ethnicity / race:** _____
Are there any family / cultural values or traditions we need to know about? (foods, family organization, customs, etc.)? No Yes (describe):

Is anyone in the immediate family currently serving in the Armed Forces? No Yes
Has past service in the Armed Forces affected this family's history and relationships? No Yes
Please explain:

16. **Strengths and Difficulties:**
What strengths or talents does your child have?

What difficulties or limitations does your child have?

Staff Section: Reviewed

17. **Past Counseling Experiences:** Please list names and dates of psychiatrists, counselors, psychiatric clinics or hospitals consulted for your child: None

- 1.
- 2.
- 3.
- 4.

Comments about the above consultations and/or therapy:

Testing: If psychological or educational testing has been done, summarize findings: None

18. **Social Agencies:** Please list any welfare, children's services connections, or social agencies involved with your family: None

19. **Other Information:** Is there any other information about your child or family, which you think would be helpful for us to know? None

Name of person(s) completing this form: _____

Relationship to child/teen _____

Staff Section: Reviewed

Staff Member who reviewed the above information with child/teen & family:

Signature: _____ Date _____