



# Highland Park Psychological Services

210 Skokie Valley Road Suite #12 | Highland Park | [www.hpppsychservices.com](http://www.hpppsychservices.com) | (847) 915- 6078

## Parent History and Questionnaire

*Please complete this form as accurately and as fully as possible.*

### **Client Information:**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Occupation/School: \_\_\_\_\_ Grade: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Significant Other: \_\_\_\_\_

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

Home#: \_\_\_\_\_ Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

### **Person filling out this form:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Who referred you to Highland Park Psychological Services?

\_\_\_\_\_

Why have you come to us at this time/What do you hope to accomplish from your time here?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you attempted to solve these problems before? If so, when and how?

\_\_\_\_\_

\_\_\_\_\_

What about past attempts at solving the problem(s) was not helpful?

\_\_\_\_\_

\_\_\_\_\_



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## Family Constellation:

Who lives at home with the client? (please include extended family and pets)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Describe the relationship between this person and the client:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Describe the relationship between this person and the client:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Describe the relationship between this person and the client:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Describe the relationship between this person and the client:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Describe the relationship between this person and the client:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Describe the relationship between this person and the client:

Who else in the client's family is important to them?

\_\_\_\_\_

Are there any conflictual relationships in the home? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Please describe the marriage of the client's parents: \_\_\_\_\_

\_\_\_\_\_



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Please describe any important family events (e.g., divorces, remarriages, deaths, traumas, losses, significant moves, etc.): \_\_\_\_\_  
\_\_\_\_\_

## **Natural Mother's History:**

Age: \_\_\_\_\_ Career/Profession: \_\_\_\_\_ Education: \_\_\_\_\_

Any history of drug/alcohol use/abuse: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Any history of learning/attention problems? \_\_\_\_\_  
\_\_\_\_\_

Any medical problems? \_\_\_\_\_

Any evaluation or treatment for emotional problems? \_\_\_\_\_

Please describe briefly mother's family of origin, including significant conflict, history of emotional/ learning problems: \_\_\_\_\_  
\_\_\_\_\_

## **Natural Father's History:**

Age: \_\_\_\_\_ Career/Profession: \_\_\_\_\_ Education: \_\_\_\_\_

Any history of drug/alcohol use/abuse: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Any history of learning/attention problems? \_\_\_\_\_  
\_\_\_\_\_

Any medical problems? \_\_\_\_\_

Any evaluation or treatment for emotional problems? \_\_\_\_\_

Please describe briefly father's family of origin, including significant conflict, history of emotional/ learning problems: \_\_\_\_\_  
\_\_\_\_\_



## Step-Parent or Other Parental Figure History:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ # of Years Client has known them: \_\_\_\_\_

Career/Profession \_\_\_\_\_ Education: \_\_\_\_\_

Please describe briefly the step-parent/other parental figure's family of origin, including significant conflict, history of emotional/learning problems: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ # of Years Client has known them: \_\_\_\_\_

Career/Profession \_\_\_\_\_ Education: \_\_\_\_\_

Please describe briefly the step-parent/other parental figure's family of origin, including significant conflict, history of emotional/learning problems: \_\_\_\_\_

## Developmental History

Parents' attitude toward pregnancy: \_\_\_\_\_ Ease of conception: \_\_\_\_\_

Complications of pregnancy/birth: \_\_\_\_\_

Post delivery blues or postpartum depression? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

## Diet/Sleep History:

Breast vs. bottle \_\_\_\_\_ Age weaned \_\_\_\_\_

Food allergies: \_\_\_\_\_

Early sleep behavior: Sleepwalking, night terrors, dysregulation, etc. \_\_\_\_\_

## Toilet training: (Ages)

Bladder control: day \_\_\_\_\_ night \_\_\_\_\_ Bowel control: day \_\_\_\_\_ night \_\_\_\_\_

Ease/difficulty with training \_\_\_\_\_ Current functioning: \_\_\_\_\_

**Sexual development:** Sex at Birth: \_\_\_\_\_ Current Gender Identity: \_\_\_\_\_

Any suspected history of sexual acting out and/or sexual abuse? \_\_\_\_\_

**Motor development:** Any delays in fine or gross motor development? \_\_\_\_\_

How is his/her current fine motor coordination? \_\_\_\_\_

Current gross motor coordination: \_\_\_\_\_



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## Language Development:

When did the client: Say several words, besides mama, dada \_\_\_\_\_?  
Name several objects \_\_\_\_\_?  
Put 3 words together (subject, verb, object) \_\_\_\_\_?

How would you describe the client's: Vocabulary: \_\_\_\_\_ Articulation: \_\_\_\_\_

Comprehension: \_\_\_\_\_ Oral reading fluency: \_\_\_\_\_

## Sensory Processing:

Any areas of sensory processing (auditory, visual, tactile) that seem hypersensitive or under-sensitive? \_\_\_\_\_

## Social Development:

How was the client's attachment with mother growing up? \_\_\_\_\_

How was the client's attachment with father growing up? \_\_\_\_\_

How is the client's ability to make, maintain good friendships? \_\_\_\_\_

Does the client have any significant hobbies or interests? \_\_\_\_\_

How would you describe the client's current relationships with same-sex peers? \_\_\_\_\_

How are his/her relationships with opposite sex peers? \_\_\_\_\_

## Behavior/Discipline:

How compliant was/is the client as a child? \_\_\_\_\_ What methods of discipline do/did parents use to shape the client's behavior? \_\_\_\_\_

Which methods were most successful/least successful: \_\_\_\_\_

Any history of physical abuse? \_\_\_\_\_

Do parents/guardians have similar/united discipline methods/philosophy? \_\_\_\_\_



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## **Emotional Development:**

How would you describe the client's temperament as a baby (e.g., colicky, happy, content, excitable, curious, etc.)? \_\_\_\_\_

Any phobias/fears? \_\_\_\_\_

Any history of emotional abuse? \_\_\_\_\_

**Drug/Alcohol use/abuse:** Please list all usage:

## **School History:**

Current grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Average grades: \_\_\_\_\_ Homework problems: \_\_\_\_\_ Specific learning problems: \_\_\_\_\_

What do/did teachers say about the client? \_\_\_\_\_

## **Religious Development:**

What is the client's religious background? \_\_\_\_\_

Is his/her religious beliefs important to him/her or to the family? \_\_\_\_\_

Self-Identity Development: What is the client's ethnic/racial background? \_\_\_\_\_

Has the client experienced any discrimination due to ethnic/racial background? \_\_\_\_\_

## **Medical History:**

Please explain in detail current and past medical problems/concerns: \_\_\_\_\_

Current medications (with dosage & reason for usage) \_\_\_\_\_



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Any side effects? \_\_\_\_\_

Are you happy with the current medication regimen? \_\_\_\_\_

How is the client's current diet? \_\_\_\_\_

Does the client exercise regularly? (If no, are there any limitations?) \_\_\_\_\_

How does the client sleep? (How many hours, is it interrupted, is there snoring, etc.) \_\_\_\_\_

Who is the client's Primary Care Physician? \_\_\_\_\_

How would you rate the client's self esteem on a scale from 1-10 (with 10 being the highest): \_\_\_\_\_

What are the client's personal strengths?

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What are the major stressors in the client's life?

Currently: \_\_\_\_\_

In the past: \_\_\_\_\_

What resources does the client have in aiding him/her in getting better?

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Is there anything else we should know about the client or his/her history or present situation that might help us better evaluate and help the client?

Thank you very much for your attention to this history/questionnaire. If you recall anything important after you complete it, please feel free to contact the clinician.