UHURU JUSTICE
COUNSELING AND CONSULTING CENTER
Freedom and Equity through Mental, Emotional, Social and Spiritual Wellness

Child/Youth Questionnaire For Parents

Parent's please complete

The purpose of this form is to obtain a history of your child's life. The information you are able to provide will assist me to better understand your child's present problem or issue.

Please answer all questions. Where a question does not apply, write "does not apply" or "N/A". Some of the questions may require considerable thought before answering. Please describe and explain the situation as it is and avoid the use of words such as average, normal, and good.

Youth's name: _____ Phone _____Gender M / F

Birthdate:_____ Age _____ Name of School _____Phone_____Grade _____

Primary Custodial Parent (s) _____

Primary home address _____

Second home address (if applicable) _____

Immediate Family members: Name Age School Completed

Family (Include Grand parents, Aunts and/or Uncles, Cousins) mental/emotional trends or diagnoses: (Please include any substance issues or abuse): This would also include depression, anxiety, anger issues/outbursts issues.

Fathers Biological Family	Mothers Biological Family
_____	_____
_____	_____
_____	_____

Please describe in your own words, your child's present problem or issue. Include *when it began* and what you think caused it.

Please list any major changes that have occurred in your child's life in the past year:

Describe any difficulties your child has had or is currently having:

Other than the present problem, how would you describe your child?

What does your child like to do? How does your child spend their time?

What makes your child afraid?

Would you describe your child as one who worries often? Any idea about what?

Describe how your child gets along with brothers and sisters:

How many close friends does your child have?

Describe how your child gets along with other children (please include your opinion if they are a leader, follower, loner, etc):

How would you describe your parenting style? Your spouses (if applicable)? (beliefs, role, etc)

How would you describe your home environment?

How are problems solved in your family?

Are there any pets in your household? _____ If so, what kind and describe your child's relationship and responsibility with them:

Does your child do chores? If so, the main chores are:

Is an allowance or reward system in place?

Describe how your relationship with your child; your spouses (if applicable)

Describe any problems or issues the other children in the family have:

Has your child ever been diagnosed with an emotional problem? If yes, was the diagnosis made by a physician, psychiatrist, or other professional (please be specific).

Please list any medications your child currently takes. In your opinion, is the medication effective? Why or why not?

To what extent, in the past and in the present has your child been cared for by others? Who? Where? (in your own home or elsewhere):

Is the child from your present marriage? _____ if not, please provide information to help me know at least as much as the child knows:

In what areas are the greatest disagreements about the management of the children? Who generally has the final authority?

Describe the current living situation including number of people in the home, the sleeping arrangements, and the financial status (in general terms of course).

What is the occupation of each parent and the hours of work of each?

If your child attends school, describe his/her performance; past and present:

If your child does not attend school, explain why not:

Describe any school issues your child has or has had:

Describe your child's relationships with his/her teachers. Has your child seen the school counselor? If yes, please indicate for what reasons: (including authority issues, inattention, bullying, etc):

Please check any of the following which may apply to your child. If you are unsure but think an item could apply, place a question mar, (?). Write any comments to explain each problem as you perceive it.

_____ 1. Bedwetting _____
_____ 2. Competitive (overly) _____
_____ 3. Crying excessively _____
_____ 4. Daydreaming (excessively_____
_____ 5. Demanding _____
_____ 6. Depressed _____
_____ 7. Destructive _____
_____ 8, Drug Abuse _____
_____ 9. Fearful_____
_____ 10. Feels unloved _____
_____ 11. Fighting excessively _____
_____ 12. Fire setting _____
_____ 13. Head banging /self-harming behavior_____
_____ 14. Hyperactivity _____
_____ 15. Irritability excessively)_____
_____ 16. Imaginary playmates _____
_____ 17. Learning difficulties _____
_____ 18. Loner (withdraws) _____

_____ 19. Lying _____
_____ 20. Menstrual (if so, for how long?) _____
_____ 21. Mood swings _____
_____ 22. Nail biting _____
_____ 23. Nervousness _____
_____ 24. Oral fixations _____
_____ 25. Phobias_____
_____ 26. Profanity _____
_____ 27. Rebellious _____
_____ 28. Running away _____
_____ 29. School adjustment _____
_____ 30. Self-abuse _____
_____ 31. Sensitive to criticism _____
_____ 32. Sexual Adjustment _____
_____ 33. Sexual orientation _____
_____ 34. Shyness _____
_____ 35. Sleeping (excessive, not enough, etc.) _____
_____ 36. Stealing _____
_____ 37. Stuttering _____
_____ 38. Suicidal threats _____
_____ 39. Temper tantrums _____
_____ 40. Truancy _____
_____ 41. Sexual activity _____
_____ 42. Worrying _____
_____ 43. Other _____

If your child has had any psychological service previously, please sign a release form giving me authorization to obtain copies of reports. Please ask me for the proper form.

Consent to treat my child:

I, _____ the undersigned parent(s) or guardian(s) of _____, age _____, and do hereby give my permission for him/her to enter into counseling. It is understood that this consent is subject to revocation by the client, parent, or guardian at any time except that action has already been taken on that consent.

_____ _____
Signature of Parent (s) or Guardian(s) Date

_____ _____
Signature of Therapist Date