

Michael G. Mruz, LCSW, P.C., ACSW, MSW

25) Describe your child's appetite (during the past week):
Poor Appetite _____ Average Appetite _____ High Appetite _____

26) What medications (and dosages) are being taken presently, and for what purpose?:
Medication _____ Purpose _____

FAMILY HISTORY

27) Mother's age: _____ If deceased, how old was the child when she passed away?: _____

28) Father's age: _____ If deceased, how old was the child when he passed away?: _____ 29) If parents are separated or divorced, how old was the child then?: _____

30) Number of bother(s) _____ Their Ages _____

31) Number of sister(s) _____ Their Ages _____

32) Child number _____ being in a family of _____ children.

33) Is the child adopted or raised with parents other than biological parents?: Yes No

34) Briefly describe the child's relationship with brothers and/or sisters:

Biological siblings: _____

Step and/or half siblings: _____

Other: _____

35) What is the family relationship between the child and his/her custodial parents?

Check all which apply:

_____ Single Parent Mother _____ Single Parent Father _____ Parents Unmarried
_____ Parents Married, Together _____ Parents Divorced _____ Parents Separated
_____ With Mother & Stepfather _____ With Father & Stepmother _____ Parents Unmarried
_____ Child Adopted _____ Other, Describe _____

36) Is there a history or recent occurrences of child abuse to this child? Yes No

If Yes, which type(s) of abuse? Verbal _____ Physical _____ Sexual _____

Comments: _____

37) Parent's Occupations: Mother _____ Father _____

38) Briefly describe the styles of parenting used in the household. _____

DEVELOPMENTAL HISTORY

39) Briefly describe any problems in the mother's pregnancy and/or childbirth: _____

40) Please fill in when the following developmental milestones took place.

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Behavior	Age Began	Comments
Walking		
Talking		
Toilet Training		

41) List any drugs used by mother or father at time of conception, or by mother during pregnancy:

_____ 42) Please rate your

child's development (compared to others the same age) in the following areas:

	Below Average	About Average	Above Average
Social	_____	_____	_____
Physical	_____	_____	_____
Language	_____	_____	_____
Intellectual	_____	_____	_____
Emotional	_____	_____	_____

For each of the **type** of development in which you rated above as **BELOW AVERAGE**, please describe and be specific. _____

43) List your child's three greatest strengths:

- 1) _____
- 2) _____
- 3) _____

44) List your child's three greatest weaknesses or needed areas of improvement:

- 1) _____
- 2) _____
- 3) _____

DEVELOPMENTAL HISTORY (continued)

45) List your child's main difficulties at school:

- 1) _____
- 2) _____
- 3) _____

46) List your child's main difficulties at home:

- 1) _____
- 2) _____
- 3) _____

47) Briefly describe your child's friendships: _____

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48) What report card grades does your child usually receive?: _____

Have these changed lately? Yes No If Yes, How?: _____

49) Briefly describe your child's hobbies and interests: _____

50) Describe how your child is disciplined: _____

51) For what reasons is your child disciplined? _____

BEHAVIORS OF CONCERN

52) Please check how often the following behaviors occur.

- 1) Loses temper easily Never Rarely Sometimes Frequently
- 2) Argues with adults Never Rarely Sometimes Frequently
- 3) Refuses adults request Never Rarely Sometimes Frequently
- 4) Deliberately annoys people Never Rarely Sometimes Frequently
- 5) Blames others for own mistakes Never Rarely Sometimes Frequently

- 6) Easily annoyed by others Never Rarely Sometimes Frequently
- 7) Angry/Resentful Never Rarely Sometimes Frequently
- 8) Spiteful/vindictive Never Rarely Sometimes Frequently
- 9) Defiant Never Rarely Sometimes Frequently
- 10) Bullies/teases others Never Rarely Sometimes Frequently

- 11) Initiates fights Never Rarely Sometimes Frequently
- 12) Uses a weapon Never Rarely Sometimes Frequently
- 13) Physically cruel to people Never Rarely Sometimes Frequently
- 14) Physically cruel to animals Never Rarely Sometimes Frequently
- 15) Stealing Never Rarely Sometimes Frequently

BEHAVIORS OF CONCERN (continued)

- 16) Forced sexual activity Never Rarely Sometimes Frequently
- 17) Intentional arson Never Rarely Sometimes Frequently
- 18) Burglary Never Rarely Sometimes Frequently
- 19) "Cons" other people Never Rarely Sometimes Frequently
- 20) Runs away from home Never Rarely Sometimes Frequently

- 21) Truant at school Never Rarely Sometimes Frequently
- 22) Doesn't pay attention to details Never Rarely Sometimes Frequently
- 23) Several careless mistakes Never Rarely Sometimes Frequently
- 24) Does not listen when spoken to Never Rarely Sometimes Frequently
- 25) Doesn't finish chores/homework Never Rarely Sometimes Frequently

- 26) Difficulty organizing tasks Never Rarely Sometimes Frequently
- 27) Loses things Never Rarely Sometimes Frequently
- 28) Easily distracted Never Rarely Sometimes Frequently
- 29) Forgetful in daily activities Never Rarely Sometimes Frequently
- 30) Fidgety/squirmy Never Rarely Sometimes Frequently

- 31) Difficulty remaining seated Never Rarely Sometimes Frequently
- Never Rarely Sometimes Frequently
- Never Rarely Sometimes Frequently
- Never Rarely Sometimes Frequently
- Never Rarely Sometimes Frequently

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- 32) Runs/climbs around excessively
- 33) Difficulty playing quietly
- 34) Hyperactive
- 35) Difficulty awaiting turn

- 36) Interrupts others ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 37) Problems pronouncing words ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 38) Poor grades in school ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 39) Expelled from school ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 40) Drug abuse ___ Never ___ Rarely ___ Sometimes ___ Frequently

- 41) Alcohol consumption ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 42) Depression ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 43) Shy/avoidant/withdrawn ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 44) Suicidal threats/attempts ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 45) Fatigued ___ Never ___ Rarely ___ Sometimes ___ Frequently

- 46) Anxious/nervous ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 47) Excessive worrying ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 48) Sleep disturbance ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 49) Panic attacks ___ Never ___ Rarely ___ Sometimes ___ Frequently
- 50) Mood shifts ___ Never ___ Rarely ___ Sometimes ___ Frequently

53) For each of the behaviors noted on previous page as occurring FREQUENTLY, or if it causes significant impairment, write a brief description of how it impacts your child's life or other people's lives.

Give examples. Use the back of this page as needed.

Behaviors of concerns

How it impact the life of your child or other people?

Write a brief descriptions of those behaviors which you checked FREQUENTLY and any other behaviors (including mood and temperaments) which are of concern or cause moderate/significant impairment:

54) Briefly describe your child's ways of expressing the following emotions or behaviors:

ANGER: _____

HAPPINESS: _____

SADNESS: _____

ANXIETY: _____

55) List your child's behaviors which you would like to see change: _____

56)

Additional information you believe would be helpful: _____
