cornerstone counseling

...a precious cornerstone for a sure foundation; the one who trusts will never be dismayed. Isaiah 28:16b

PERSONAL HISTORY QUESTIONNAIRE – PARENT OF CHILD

Name of Child_____ DOB _____

What are your reasons for seeking counseling?

To what degree does the problem affect your family life? *Mild / moderate / significant / severe*

your child's friendships? *Mild / moderate / significant / severe*

your child's functioning at school? *Mild / moderate / significant / severe*

How long have you had these concerns? _____

Specify any previous counseling/treatment:

Check any that apply to your child:

	Angry outbursts		Difficulty being away from home/parent		Kindness		Responsible
	Anxious		Dislikes being alone		Lack of motivation		Restless, overactive
	Avoids social situations		Distractible, inattentive		Leadership		Sad, unhappy
	Avoids performance		Dizziness		Lonely		Sees things others don't
	Argues/talks back		Doesn't give up		Loss of interest in enjoyable activities		Sensitive
	Attention problems		Enjoys being alone		Low Tolerance		Specific fears
	Bed wetting		Enjoys performing		Mental confusion		Stealing or other criminal activity
	Bullies/teases		Feels inferior		Moody / mood swings		Stress
	Bossy		Grateful		Negative outlook		Strong sense of self
	Concentration problems		Grief		Nervous habits		Suspicious
	Concern for others		Guilt		Nightmares		Trusting
	Conflicts with friends		Headaches		Oppositional		Uncooperative
	Conflicts with authority		Hears things others don't		Panic attacks		Unusual thoughts
	Constipation/diarrhea		Highly motivated		Patient		Unusually sensitive to texture, food, sound, etc
	Creative		Hostile, destructive		Perfectionism		Other:
	Cries easily/frequently		Impulsivity		Poor self esteem		
	Dependent, immature		Irrational thoughts		Positive outlook		
	Depressed		Isolating		Resilient		
	Creative		Irritability		Stomach pain/nausea		

Development	Are there any problems noted in your child's developmental history?	
	Has there been any life events that have affected him/her significantly?	
Health	How would you describe your child's level of physical activity?	
	Has your child had any difficulty with eating/appetite?	
	Has your child had any difficulty with sleep?	
	Has your child had any physical problems (allergies/surgeries/ hospitalizations/etc) ?	
	Does your child take any medication regularly (prescription or over the counter)?	
	Date of last physical exam	
Safety	Does your child have any history of abuse? Physical,sexual,emotional,neglect	
	Is there any type of abuse currently occurring?	
	Does or has your child have/had any self-harming behaviors?	
	Has your child ever talked about or attempted suicide?	
	Has your child ever harmed someone else?	
	Has your child been a victim of or a witness to crime / violence?	

Family	With whom does the child live?	
	What is the relationship like between parents?	
	What is the father's relationship like with the child?	
	What is the mother's relationship like with the child?	
	Do parents have any significant physical or mental health issues?	
	Are parents separated/divorced?	
Emotional	Does your child participate in any extracurricular activities / hobbies?	
	How would you describe your child's typical mood?	
	How would you describe your child's typical level of anxiety?	
	Where is your child's greatest need for growth?	
	What is your child's greatest strength?	
Social	How would you describe your child's friendships?	
	What are your child's social skills like?	