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BACKGROUND QUESTIONNAIRE

Child's Name _____ Date of Birth _____ Age _____ Sex _____

School _____
name address grade

Who does child live with (please include names, ages, and relationships of everyone who lives in the household).

Please list names and ages of non-resident parents and siblings

Parent Information

Name _____ Education _____

Occupation _____ Employer _____

Name _____ Education _____

Occupation _____ Employer _____

Please give a brief summary of the main problems you are seeking help for

DEVELOPMENTAL HISTORY

Pregnancy

Excessive vomiting _____
Excessive bleeding _____
Threatened Miscarriage _____
Infection _____
Toxemia _____
Smoking during pregnancy _____
Alcohol during pregnancy _____
Illegal drugs during pregnancy _____

Please list any other complications

Medications taken during pregnancy

X-rays during pregnancy _____

Duration of pregnancy _____ weeks

Delivery

Type of labor: Spontaneous _____ Induced _____

Forceps: High _____ Moderate _____ Low _____

Duration of Labor _____ hours

Anesthesia _____

Type of Delivery: Vaginal _____ Cesarean _____

Complications: _____

Birth Weight _____

Appropriate for gestational age _____

Small for gestational age _____

Post Delivery

Apgar score _____

Jaundice _____

Suck: Strong _____ Weak _____

Infection _____

Birth Defects _____

Other complications _____

Number of days baby was in the hospital _____

Infancy-Toddler Period

Did *NOT* enjoy cuddling _____

Was *NOT* calmed by being held, or rocked _____

Colic _____

Frequent head-banging _____

Difficulty sleeping _____

Constantly into everything _____

More accidents than other toddlers _____

Developmental Milestones

Age Early Average Late

Smiled _____

Crawled _____

Walked without assistance _____

Spoke first word (not mama or dada) _____

Sentences _____

Toilet Trained Day _____

Toilet Trained Night _____

School

Does your child understand directions and situations as well as other children his or her age?

How would you rate your child's overall level of intelligence compared to other children?

Below Average _____ Average _____ Above Average

Please describe any significant events that occurred during

Preschool _____

Kindergarten _____

Elementary School _____

Middle School _____

High School _____

At what grade level is your child functioning in:

Reading _____ Math _____

What grades is your child currently getting in school? _____

Is this a change from the past? _____

Has your child ever repeated a grade? _____

Has your child had any psychological or psychoeducational testing? _____

Has your child ever been diagnosed with Learning Disabilities? _____

Has your child ever received Special Education services? _____

Briefly describe any academic school problems _____

Briefly describe any school behavior problems _____

Does your child have any of the following problems at school?

Doesn't sit still in seat _____

Frequently gets up and walks around the room _____

Doesn't wait to be called on, shouts out _____

Won't wait his/her turn _____

Does not cooperate during group activities _____

Does better one on one _____

Doesn't respect the rights of others _____

Doesn't seem to pay attention to instructions _____

Peer Relationships

Does your child seek friendships with peers? _____

Is your child sought by peers for friendship? _____

Does your child play primarily with children his/her age? _____ Older? _____ Younger ?

Describe any problems your child has with peers _____

Home Behavior

All children exhibit the following behaviors to some degree. Check those that you believe your child exhibits more so than other children his/her age.

- Hyperactivity _____
- Poor attention span _____
- Impulsivity _____
- Low frustration tolerance _____
- Temper outbursts _____
- Sloppy table manners _____
- Interrupts frequently _____
- Doesn't listen when spoken to _____
- Sudden outbursts of aggression _____
- Acts as if driven by a motor _____
- Lacks appropriate fear of danger _____
- Accident prone _____
- Doesn't learn from experience _____
- Poor memory _____
- More active than peers or siblings _____

Interests and Accomplishments

What are your child's main interests and hobbies? _____

What are your child's accomplishments? What is s/he good at? _____

What does your child dislike doing? _____

Medical History

Please list the age at which your child experienced any of the following illnesses as well as any other pertinent information regarding the illness.

Childhood diseases (describe any complications) _____

Operations _____

Hospitalizations _____

Head Injuries _____

Loss of consciousness? _____

Convulsions/seizures _____

High fever _____

Coma _____

Meningitis or encephalitis

Immunization reactions _____

Latest eye exam _____ Problems _____

Latest hearing test _____ Problems _____

Latest physical _____ Problems _____

Present height _____ weight _____

Present illnesses _____

Current medications _____

Family History-Mother

Age _____ Age at time of pregnancy _____

Number of pregnancies _____ Number of live births _____

Number of miscarriages _____ Number of abortions _____

Fertility issues _____

School: Highest grade completed _____

Learning problems _____

Behavior problems _____

Medical problems _____

Have any of your *blood* relatives had a history of problems similar to your child? If so describe

Have any of your blood relatives had a history of substance abuse problems, anger problems, mental illness, or legal problems? _____

Family History-Father

Age _____ Age at time of conception _____

Fertility issues _____

School: Highest grade completed _____

Learning problems _____

Behavior problems _____

Medical problems _____

Have any of your *blood* relatives had a history of problems similar to your child? If so describe

Have any of your blood relatives had a history of substance abuse problems, anger problems, learning problems, mental illness, or legal problems? _____

The following is a list of behaviors/symptoms that children often exhibit at one time or another. please place an "N" next to any that your child is currently exhibiting and a "P" next to any that your child has exhibited in the past. When marking symptoms, please mark only those that caused significant distress or that you believe to be atypical when compared to same age peers.

- | | |
|--------------------------------|-------------------------------------|
| thumb-sucking _____ | Preoccupied with food _____ |
| Baby talk _____ | Frequent stomach aches/cramps _____ |
| Frequent temper tantrums _____ | Frequent nausea/vomiting _____ |
| Overly dependent _____ | Constipation _____ |
| Excessive silliness _____ | Frequent headaches _____ |
| Attention seeking _____ | Insomnia _____ |
| Cries easily/frequently _____ | Bed wetting _____ |
| immature for age _____ | Frequent nightmares _____ |
| eats non-edible items _____ | Sleepwalking _____ |
| overeating _____ | Preoccupation with sex _____ |
| overweight _____ | Sexually active _____ |

eating binges _____	Excessive masturbation _____
under eating _____	Takes path of least resistance _____
Tries to avoid responsibility _____	Little response to punishment _____
Poor follow-through _____	Few friends _____
Uncooperative _____	Doesn't seek friend _____
Persistent lying _____	Rarely sought by peers _____
Frequent use of profanity _____	not accepted by peers _____
Truancy from school _____	selfish _____
Runs away from home _____	Doesn't respect rights of others _____
Violent outbursts _____	Self centered _____
Stealing _____	Argumentative _____
Cruelty to animals, children, others _____	Anxiety attacks _____
Destruction of property _____	Lacks common sense _____
Trouble with police _____	Feels persecuted _____
Fire setting _____	Very stubborn _____
Alcohol use _____	Excessive self criticism _____
Drug use _____	Very tense _____
Little or no guilt _____	Nail Biting _____
Head banging _____	Stuttering _____
Hair pulling _____	Depression _____
Poor tolerance of criticism _____	Feelings easily hurt _____
Dissatisfaction with appearance _____	Perfectionist _____
Excessive worrying _____	Little concern for personal hygiene _____
Rapid speech _____	Irritability _____
Preoccupied with certain ideas _____	Excessive desire to please others _____
"Too good" _____	Shy _____
Excessive fears _____	Excessive guilt _____
Low self esteem _____	Flat emotional tone _____
Passive and easily led _____	Hears voices _____
Excessive fantasizing _____	Sees visions _____
Easily taken advantage of _____	

P of N	SYMPTOM	BRIEF DESCRIPTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIBLINGS IN THE HOME

Name **Age** **Medical, social, or academic problems**

1. _____

2. _____

3. _____

4. _____

5. _____

SIBLEINGS LIVING OUT OF THE HOME

Name **Age** **Medical, social, or academic problems**

1. _____

2. _____

3. _____

4. _____

5. _____

List names and addresses of any other professionals consulted

1. _____
2. _____
3. _____
4. _____

How is your child disciplined at home? _____

How does your child respond to discipline? _____

Please use the remainder of this page to write any additional comments you wish to make.