

ST. VINCENT STRESS CENTERS
 Youth Biopsychosocial Form
CHILD AND ADOLESCENT QUESTIONNAIRE

The following 8 pages may be completed by the parent, the patient and/or therapist.

DATE __/__/__

1. PATIENT NAME _____ BIRTH DATE __/__/__ AGE _____

NICKNAME(s) usually used: _____ SEX Male Female

2. CHILD'S LEGAL GUARDIAN(S): _____

3. DESCRIPTION OF GOALS:

You came to us seeking help with some difficulties. If we have helped as you are hoping, WHAT BEHAVIORS & TALK WILL YOU SEE AND HEAR AFTER THINGS ARE BETTER? Include what will be different for child and family. (For example: "We will be talking through problems without yelling at each other.")

4. WHO LIVES IN THE CHILD'S HOME?

NAME	SEX	BIRTH DATE/AGE	RELATIONSHIP TO CHILD

List the occupations of the adults who live in the home and how many hours worked out side the home per week:

First Name Occupation Hours worked/week (average)

Describe how the child gets along with the children and the adults who live in the child's home.

Staff Section: Reviewed

5. **CARETAKERS:** Does the child spend time with primary care givers other than parents?
 No Yes Please list:

6. **OTHER IMPORTANT PERSONS:**

A. List parents, siblings (biologic, step or adoptive), and other important relatives who are not currently in the home:

NAME	AGE	CITY	RELATIONSHIP	FREQUENCY SEEN

B. Describe how the child gets along with the above persons:

C. IF the above list includes a parent, list Address and home & work Phone Numbers:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

7. IS THE CHILD **ADOPTED**? No Yes If yes, age of child when adopted
 IS THE CHILD A **FOSTER CHILD**? No Yes If yes, list caseworker's name and telephone number:

Caseworker's name _____ Phone number _____ County _____

8. **CHILD'S BIOLOGIC PARENTS ARE NOW:**

NEVER MARRIED

And together

And separated List date separated _____

MARRIED How many years? _____

SEPARATED List date separated _____

DIVORCED List date divorced _____

Has either parent remarried? No Yes If yes, when?

DECEASED: List relationship and date deceased: _____

Staff Section: Reviewed

9. CUSTODY & VISITATION

If divorced or separated, what is the custody arrangement and what is the visitation arrangement?
How well do these arrangements work?

10. PATIENT HEALTH INFORMATION

A. BIRTH WEIGHT: _____

ANY PROBLEMS WITH THE PREGNANCY OR DELIVERY? No Yes - If Yes,
Please describe:

B. DEVELOPMENTAL MILESTONES: (List any problems below)

Infancy: Birth to two years. List any significant delays/problems such as feeding problems or Slow to walk or talk: None

Toddler / preschool : 2 - 5 years. List any developmental delays or difficulties such as trouble with toilet training, speech or self care: None

School age: 8 to 12 years of age: describe any delays I problems such as attention problems, school refusal or early puberty: Not applicable None

Middle / High School: 13 to 18 years: describe any delays/problems: Not applicable None

C. VISION: GLASSES/CONTACTS? No Yes: (describe) _____

D. PHYSICAL HANDICAPS or PHYSICAL CHALLENGES: None Yes
PLEASE DESCRIBE:

E. SLEEP: -Average hours of sleep per night? _____

Child sleeps: Soundly Fitfully or Restlessly

Has bad dreams: Never Occasionally Frequently

Do you have concerns about sleep or bedtime? No Yes Describe:

Staff Section: Reviewed

F. **NUTRITION:** APPETITE IS USUALLY: Good Excessive Poor Variable
DENTAL BRACES / APPLIANCES: None: Yes (describe) _____
Do you have any concerns about the child's eating patterns or nutrition? No Yes -Explain:

Is there a history of vomiting, bingeing or excessive preoccupation with food? No Yes - Explain:

Does the child have any difficulty with eating or swallowing? No Yes - Explain

G. **MENSTRUATION:** Not applicable Has menstruation begun? No Yes
If so, at what age? ____ Has menstruation been: PAINFUL I RREGULAR
Do you think there are excessive signs of PMS? No Yes
COMMENTS:

10. PAST MEDICATIONS: If your child has taken other medicines -NOT ALREADY LISTED ON THE HEALTH HISTORY FORM - for psychiatric, nervous or behavioral reasons, please list:

- 1.
- 2.
- 3.

11. SCHOOL INFORMATION: (If in Day Care or Pre-School, please fill out as applicable)

NAME OF SCHOOL _____ SCHOOL PHONE NUMBER _____
SCHOOL ADDRESS _____

Present GRADE LEVEL _____ SPECIAL PLACEMENT OR CLASSES? _____

CURRENT TEACHER _____ CURRENT COUNSELOR _____

Began school at what age? _____ Adjusted to school: Easily With Difficulty

Repeated what grade? None _____ If Yes, list what Grade(s): _____

Best subjects: _____

Hardest subjects: _____

Staff Section: Reviewed

Most Grades have been: A B C D F When, If ever, did work begin declining? _____ Not Applicable

How does your child best learn? READING HEARING WATCHING HANDS ON
Expulsions/ Detentions/ Suspensions ? None Yes If yes, please explain:

Describe relationships with other students and teachers:

Additional comments about recent school behaviors?

12. SPIRITUAL BACKGROUND: Past & Present religious affiliation, Involvement in church, guiding spiritual principles:

What particular spiritual/religious issues would you like help addressing with your child? None

What spiritual/religious resources does the child/teen have available? (circle all that apply)
Prayer Faith community Spiritual friend Spiritual reading Church attendance
Other _____

Would you like to discuss any of these spiritual issues with someone? No Yes

13. FAMILY INFORMATION:

A. RESIDENCES: Number of times the family has moved since the child was born: _____
Date of most recent move: _____

Staff Section: Reviewed

B. FAMILY MENTAL HEALTH:

Any family history of emotional problems (For example: nervous breakdowns, depression, excessive anxiety or obsessions/compulsions ? None Yes Please list

C. LOSSES: Please list any significant deaths or losses. Include relatives, friends and pets.
None

D. DISCIPLINE: What forms of discipline do you use when correcting your child? Circle the form(s) that you think work best for your child and family:

Time Outs Grounding Loss of toy/privilege Spanking Praise
Contracts Rewards Other (describe)

Who is the main disciplinarian In your home?

Is there any thing you want to write about the rules in your child's home(s) and how discipline occurs? NO YES describe:

E. LEISURE/ Hobbies / Play: What does your child enjoy doing in his/her free time? What social activities, extracurricular activities, lessons or sports is he/she involved In?

What kinds of activities does your **FAMILY** enjoy together?

F. FINANCIAL: How would you describe your current financial status? Describe any financial concerns you have currently:

Staff Section: Reviewed

G. CHANGES: Any other changes such as friends moving, changes in custody, parent's work hours, parent's health etc. None Yes Describe:

14. FRIENDS / SOCIAL: Do you have any concerns about your child's ability to choose and maintain friendships?
No Yes Comments or concerns about your child's friendships:

15. CULTURAL: Ethnicity / race: _____
Are there any family / cultural values or traditions we need to know about? (foods, family organization, Customs, etc.): No Yes Describe:

Is anyone in the Immediate family currently serving in the Armed Forces? No Yes
Has past service In the Armed Forces affected this family's history and relationships? No Yes
Please explain:

16. STRENGTHS AND DIFFICULTIES:
What strengths or talents does your child have?

What difficulties or limitations does your child have?

Staff Section: Reviewed

17. PAST COUNSELING EXPERIENCES: Please list names and dates of psychiatrists, counselors, psychiatric clinics or hospitals consulted for your child: None

- 1.
- 2.
- 3.
- 4.

Comments about the above consultations and/or therapy:

TESTING: If psychological or educational testing has been done, summarize findings: None

18. SOCIAL AGENCIES: Please list any welfare, children's services connections, or social agencies involved with your family: None

19. OTHER INFORMATION: Is there any other information about your child or family, which you think would be helpful for us to know? None

NAME OF PERSON(S) COMPLETING THIS FORM: _____

RELATIONSHIP TO CHILD/TEEN _____

Staff Section: Reviewed

STAFF MEMBER WHO REVIEWED THE ABOVE INFORMATION WITH CHILD/TEEN & FAMILY:

Signature: _____ DATE _____