



C 224.801.4514

Pediatric Neuropsychology - Parent Questionnaire

IDENTIFYING/DEMOGRAPHIC INFORMATION

Child'	s name:	Child's date of birth:				
Age <u>:</u>	Gender:	Grade:	Ethnicity:	Handedness:		
Child'	s current addre	ess <u>:</u>				
Home/	cell phone num	ıber <u>:</u>	School:			
Communication: Ok to leave phone message, Ok to text message,						
Langu	age spoken at l	10me <u>:</u>				
Is child	d adopted?	If yes, at	whatage			
Is chil	d currently liv	ving with both p	parents?			
If no,	with which pa	rent is child liv	ring with now?			
Who h	nas legal custo	dy of the child?)			
•		-	t with whom the child is n	9. 1		
Mothe	er's name <u>:</u>		Work/Cell nu	ımber <u>:</u>		
Educa	tion/Occupatio	n <u>:</u>				
Mothe	r's email addre	ess:				
Father	·'s name <u>:</u>		Work/Cell nu	ımber <u>:</u>		
Educa	tion/Occupatio	n <u>:</u>				
Father	's Email Addro	ess <u>:</u>				
<u>Marita</u>	al Status					
	Mother's:					
	Father's:					
Please	list all adults a	nd children who	have regular contact with	your child:		
	Name	Age	Relationship to Child	Living in household?		





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REFERRAL INFORMATION

Who referred you to our service?	
Name:	Profession:
Address:	
Phone number:	Fax number:
Primary Care Physician <u>:</u>	
Address:	
Phone Number:	Fax Number:
	you are presently seeking help for your child:
What kind of information or assistance ar	re you hoping to obtain for your child?
Does the child have any school/learning pr	roblems? If yes, describe:
Does your child have any social problems friends, poor social skills, aggressive, bossy, shy	



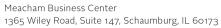
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Please describe any other prothis evaluation:	blems your child may have th	nat may be of relevance to
Please describe two or three o	of your child's strengths:	
Please describe two or three o	f your child's weaknesses:	
Please list all past neurologica educational, speech & language (Indicate where, when, and by who	ge, or other types of evaluation	- ·
Evaluated at	When	By whom
Please list all past or present i received or is receiving, include Language Therapy, Psychothe	ding Physical Therapy, Occu	pational Therapy, Speech and
Received at	When	By whom



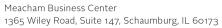


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PREGNANCY AND BIRTH HISTORY

Describe any difficulties in conception and/or complications that occurred during pregnancy

Were any medications used during pregnancy	? If yes, what kind?
Was alcohol, drugs, tobacco, or other substance	ees used during pregnancy?
If so, describe frequency and type:	
Length of pregnancy (months):N	umber of weeks earlyor
Type of delivery	
Complications during labor or delivery?	(Please Describe below):
Birth weightlbsoz. Numbe Apgar scores (if known): Did the baby re Newborn difficulties Other:	quire help to breath?
DEVELOPMEN	T (INFANCY)
As an infant, did your child show any eating o	r sleeping problems?
How would you describe temperament as an in	nfant?
Any noteworthy issues during infancy?	



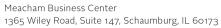


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Developmental issues	Please describe
Speech/Language	
Sleeping Problems	
Toileting Problems	
Tics/twitches	
Nail biting, thumb sucking, grinding teeth	
Head banging/rocking	
Impulsivity	
Aggressive Behavior	
Temper Tantrums	
Anxiety/Fears/Worries	
Depression/Sadness/ Crying	

MILESTONES

Domain:	Child did the following:	Age:	Problems if any:
Motor	Sat without support		
	Crawled		
	walked		
	Toilet trained		
Language	Spoke first words		
	Put 2-3 words together		
	Spoke in sentences		
Play	Played with dolls/stuffed animals		
	Pretend/imaginative play		
	Played in cooperation with other		
	children		





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MEDICAL HISTORY

		Ages	Describe
Allergies/asthma			
Appetite/eating problems			
Clumsiness/poor motor skills			
Chromosomal/genetic Abnormality			
Ear infections/tubes			
Headaches			
Hearing/ear problems			
Loss of consciousness/head injury/concussion			
Nightmares			
Persistent high fevers			
Physical disabilities	•		
Seizures			
Sleep problems, apnea/snoring			
Surgeries			
Vision/eye problems			
Alcohol use/abuse	1		
Illicit drug use/abuse	7		
Risky behaviors			

Please add any additional information about the above concerns:

Present illness for which child is being treated:





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MEDICATIONS

Medications (past/current)	Dosage	Prescribing physician
Notable childhood disease other th	han current illness (specify age	and any complications):

Notable childhood disease other than current illness (specify age and any complications):

Hospitalizations (medical or psychiatric):

Other issues/concerns regarding your child's health:

Family history of medical problems (list/describe):

Family history of attention/learning problems (list/describe):

Family history of emotional/behavioral/psychiatric problems (list/describe):



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EDUCATION HISTORY

Day Care		
Does or did this child attend day c	care before preschool?	
Name:	Ages:	
Location:		
Any problems:		
Preschool		
Did this child attend preschool?		
Name:	Ages:	
Location:		
Any problems:		
Kindergarten		
Did this child attend kindergarten	?	
Name:	Ages:	
Location:		
Any problems:		
Elementary School/High School (F	Please list the names, locations, and gra	des of schools attended):
Name	Location	Grades
	1	
Name of current school:		
Address of current school:		
Please indicate the following, if app	licable:	
Age child entered 1st grade:		
Retained a grade?		





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Has your chi	d ever	skipped	l a grac	le in	school?
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If yes, when and why?

Has your child ever received detention, been suspended, or expelled? *If yes, describe*:

Does or has your child received any special education, enrichment, or resource service? *If yes, describe:*

Services rendered under an IEP or 504 Plan? Please explain:

Service	Ages	Describe
Early Intervention (ages 0-3)		
Occupational Therapy		
Physical Therapy		
Speech Therapy		
Social Work		

Please email or bring copies of school reports including formal IEP or 504 plans for us to provide a comprehensive evaluation of your child.



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Please check any of the stressful events that apply to your child or family and describe:
Relocations:
☐ Job Change:
Deaths:
☐ Illnesses:
Marital Problems:
Traumatic Event:
Physical or sexual abuse or neglect:
Legal issues:
Other:

Please write any additional remarks you may wish to make regarding your child below. The more information we have, the better we can help your child.



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RATING SCALE: HOME VERSION

heck 1 box per item to select the number that best describes the child's behavior over the past 6 months (or since the beginning of the school year).

	Never or Rarely	Sometimes	Often	Very often
1. Fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during activities.	0	1	2	3
2. Fidgets with hands or feet or squirms in seat.	0	1	2	3
3. Has difficulty sustaining attention in tasks or play activities (e.g., has difficultly remaining focused during conversations or lengthy reading)	0	1	2	3
4. Leaves seat in situations in which remaining seated is expected.	0	1	2	3
5. Does not seem to listen when spoken to directly	0	1	2	3
6. Runs about or climbs in situations where it is inappropriate or feels restless	0	1	2	3
7. Does not follow through on instructions and fails to finish schoolwork or chores.	0	1	2	3
8. Unable to play or engage in leisure activities quietly (e.g., is unable to be or is uncomfortable being still for an extended period of time)	0	1	2	3
9. Has difficulty organizing tasks and activities	0	1	2	3
10. Is "on the go" or acts as if "driven by a motor."	0	1	2	3
11. Avoids, dislikes or is reluctant to engage in tasks (e.g., schoolwork, homework) that require sustained mental effort.	0	1	2	3
12. Talks excessively.	0	1	2	3
13. Loses things necessary for tasks or activities (e.g., school materials, pencils, books, glasses, phone, keys, wallet)	0	1	2	3
14. Blurts out answers before questions have been completed	0	1	2	3
15. Is easily distracted.	0	1	2	3
16. Has difficulty waiting his or her turn.	0	1	2	3
17. Is forgetful in daily activities.	0	1	2	3
18. Interrupts or intrudes on others	0	1	2	3

From ADHD Rating Scale – 5 for Children and Adolescents: Checklists, Norms, and Clinical Interpretation by George J. DuPaul, Thomas J. Power, Arthur D. Anastopoulos, and Robert Reid. Copyright 2016 by the authors. Permission to photocopy this form is granted to purchasers of this book for personal use and use of individual clients (see copyright page details).