

HISTORY OF COMPLAINT OR PROBLEM

Please use the back or another piece of paper, if needed to respond fully. Include numerals.

1. Was there anything remarkable about your child's first, second or third year? If so, please describe.

2. Has your child ever witnessed (by sight sound or intuition) a disturbing or traumatic event, especially involving a family member? If so, please describe

3. Please briefly describe the **current problem or concern**. How old was your child when this problem first presented it self

4. What is your recollection of the circumstances surrounding the evolution of the problem?

5. What were the family dynamics and issues at that time and who was living in the family home?

6. Have you noticed if there are times when the problematic behavior is more pronounced than at other times? Please describe

7. Does your child exhibit other sensitivities? Please describe

8. How would you describe your child's role in the family, i.e. her/his strengths, weaknesses, interests, attachments and general participation in family life?

9. Who in the extended and immediate family would you say your child is emotionally closest to? Why do you think so?

10. Who in the extended and immediate family is your child most like? Please describe

11. What does your child say he/she thinks and feels about the problem?

12. How do you see it affecting her/his daily life and relationships?

13. Have physical causes been ruled out by a physician?

14. When was your child's last physical exam and was the current problem discussed? Were there any other concerns addressed? Please explain

15. What do you most want to happen as a result of therapy?

16. What does your child most want to happen as a result of therapy?

17. Please provide any information you may think important, but haven't been asked.