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## Parent Biopsychosocial Medical Questionnaire

Please provide the requested information. Please respond to all questions.

### **Identifying Data:**

Parents' Names: \_\_\_\_\_

Client Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Emergency: \_\_\_\_\_

What prompted you to seek assistance for your child at this time? \_\_\_\_\_  
\_\_\_\_\_

How long has this situation been a problem? \_\_\_\_\_

How did you hear about Mary Petersen? \_\_\_\_\_

Has your child ever been to another therapist before for any reason? \_\_\_\_\_

If so, when, and why? \_\_\_\_\_

**Family/Cultural Information:** (Please circle all that apply):

Race: Caucasian Black Hispanic Asian Native American Other: \_\_\_\_\_

Where was your child born? \_\_\_\_\_

Who is raising your child? \_\_\_\_\_

Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_

What number (in the birth order) is your child? \_\_\_\_\_

Parents' current marital status? \_\_\_\_\_

If parents are deceased, how old was the child at the time? \_\_\_\_\_

If parents are divorced, how old was the child at the time? \_\_\_\_\_

How did the child deal with the divorce? \_\_\_\_\_

Describe your impression of your child's current relationship with:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Brothers/Sisters: \_\_\_\_\_

Can your child talk to mom, dad, brothers, or sisters about problems? \_\_\_\_\_

Has your child had problems following house rules? \_\_\_\_\_

Are there consequences set by you when your child disobeys house rules? \_\_\_\_\_

Has your child ever run away from home? \_\_\_\_\_

To your knowledge, has your child ever snuck out of the house? \_\_\_\_\_

Does your child have a curfew? \_\_\_\_\_

Does he/she follow it? \_\_\_\_\_

Does your child have chores? \_\_\_\_\_ If so what? \_\_\_\_\_

Is there anything you would like to see change at home? \_\_\_\_\_

**Educational History:**

Your child's Highest Level of Education:

Still in school? \_\_\_\_\_ What grade? \_\_\_\_\_

What school does your child go to? \_\_\_\_\_

High School Graduate?\_\_\_\_ GED Completion?\_\_\_\_ Some College?\_\_\_\_

Dropped out of school?\_\_\_\_ Reason: \_\_\_\_\_

Highest Grade Completed? \_\_\_\_\_

School Performance (circle one):

A-B Student    B-C Student    C-D Student    Failing

Has your child ever been suspended from school? \_\_\_\_\_

Has your child ever been expelled from school? \_\_\_\_\_

Has your child ever repeated a grade? \_\_\_\_\_

Has your child ever been enrolled in special education classes? \_\_\_\_\_

To your knowledge, does your child have trouble concentrating, understanding, or remembering? \_\_\_\_\_

Does your child like school? \_\_\_\_\_

What leads you to believe this? \_\_\_\_\_

What do you think would make school better for your child? \_\_\_\_\_

Please state any educational concerns: \_\_\_\_\_

**Religious/Spiritual Background:**

Is your child involved with a religion? \_\_\_\_\_

What religion? \_\_\_\_\_

Do you practice your religion regularly, irregularly, or never? \_\_\_\_\_

**Work History:**

Does your child currently have a job? \_\_\_\_\_

If so, where, and doing what? \_\_\_\_\_

How many hours a week does he/she work? \_\_\_\_\_

Do you believe your child likes his/her job? \_\_\_\_\_

Do you believe there are any problems at work? \_\_\_\_\_

Does your family currently have financial problems? \_\_\_\_\_

**Social/Sexual Background:**

With whom does your child spend MOST of his/her free time? Circle all that apply:

Family Friends Acquaintances Alone

How often does your child see friends/acquaintances?

Daily Frequently Occasionally Rarely Never

Do you approve of your child's friends and activities? \_\_\_\_\_

To your knowledge, has your child been teased a lot by other kids? \_\_\_\_\_

Has your child recently changed his/her circle of friends/best friend? \_\_\_\_\_

Does your child have trouble making or keeping friends? \_\_\_\_\_

Has your child been involved in a serious relationship that may include sexual activity? \_\_\_\_\_

Are you concerned about any intimate relationships that your child has had/is having? \_\_\_\_\_

To your knowledge, has your child had any pregnancies or gotten any person pregnant?\_\_\_\_\_ If so, what was the outcome?\_\_\_\_\_

To your knowledge, does your child use any birth control or precautions to prevent pregnancies or sexually transmitted diseases?\_\_\_\_\_

To your knowledge, has your child ever been involved in any gang activity?\_\_\_\_\_

**Leisure Time/Interests:**

List your child's hobbies, interests, talents, or school activities:\_\_\_\_\_

How often does your child participate in hobbies: (circle one)

Regularly    Sometimes    Irregularly    Rarely    Never

Has your child's use of free time changed in the past year?\_\_\_\_\_

**Medical/Health History:**

Do you have a family doctor or other regular health care provider?\_\_\_\_\_

Has your child had a physical exam in the last year?\_\_\_\_\_

Does your child have any current physical problems, symptoms, or pain that he/she is not receiving medical attention for?\_\_\_\_\_

How would you describe your child's development, from the pregnancy and delivery through childhood?\_\_\_\_\_

Do you have health insurance?\_\_\_\_\_

List any medications that your child is taking:

Medication	Reason for Taking It	Who Prescribes It
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Has your child's eating or sleeping changed in the last year?\_\_\_\_\_

How?\_\_\_\_\_

In the last month, which of the following applies to your child? (Circle all that apply)

Sleeping too much      Not sleeping enough      Getting the right amount of sleep

Trouble getting to sleep      Frequent waking      Early rising      No sleep problems

Under-eating      Starving themselves      Over-eating      Eating with no trouble

Well-balanced diet      Junk food/fast foods      Whatever is available without thought

To your knowledge, has your child ever been:

Sexually Abused?\_\_\_\_\_ Physically Abused?\_\_\_\_\_ Sexually Abused?\_\_\_\_\_

By Whom?\_\_\_\_\_ How old was he/she?\_\_\_\_\_

How long did it last?\_\_\_\_\_ Did he/she receive help for this?\_\_\_\_\_

To your knowledge, does your child feel suicidal now, or has your child ever felt suicidal in the past?\_\_\_\_\_

Do you feel that your child might hurt others?\_\_\_\_\_

Has your child ever attempted or suicide or hurt other people?\_\_\_\_\_

If so, when, and how?\_\_\_\_\_

Has your child ever had any major illnesses, hospitalizations, surgery, accidents, or injuries? \_\_\_\_\_ If so, please explain\_\_\_\_\_

**Legal Status:**

Does your child now, or has your child ever had any legal problems? \_\_\_\_\_

Has your child ever been in a youth home?\_\_\_\_\_

Have your child ever been arrested or ticketed?\_\_\_\_\_

What was the charge?\_\_\_\_\_

Is your child currently:

On probation   Awaiting charges   Awaiting trial/sentence   No police involvement

Have you or your child ever been involved with protective services? \_\_\_\_\_

**Alcohol/Drug Use:**

Does your child smoke cigarettes? \_\_\_\_\_ How much?\_\_\_\_\_

Is he/she allowed to smoke in the house?\_\_\_\_\_

What kinds of problems, if any, have drugs/alcohol caused in your child's  
life?\_\_\_\_\_

**Do you have any other comments?**\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent/Guardian**

\_\_\_\_\_

**Date**\_\_\_\_\_

**I have reviewed this information with the client's  
parent/guardian.**

**Signature of Therapist** \_\_\_\_\_

**Date**\_\_\_\_\_