

## 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/Cell: \_\_\_\_\_ Work: \_\_\_\_\_ 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 check 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:

**MARY PETERSEN, L.M.S.W., A.C.S.W., P.C.**  
20816 Eleven Mile Road, Suite 100 • Saint Clair Shores, MI 48081  
Phone: (586) 552-8090 • Fax: (586) 772-2932

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

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

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

Can your child talk to mom, dad, brothers, or sisters about problems?  Yes  No

Has your child had problems following house rules?  Yes  No

Are there consequences set by you when your child disobeys house rules?  Yes  No

Has your child ever run away from home?  Yes  No

To your knowledge, has your child ever snuck out of the house?  Yes  No

Does your child have a curfew?  Yes  No

Does he/she follow it?  Yes  No

Does your child have chores?  Yes  No If so what? \_\_\_\_\_

Is there anything you would like to see change at home?  Yes  No

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

**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 (Check one):

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

Has your child ever been suspended from school?  Yes  No

Has your child ever been expelled from school?  Yes  No

Has your child ever repeated a grade?  Yes  No

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Has your child ever been enrolled in special education classes?    Yes  No

To your knowledge, does your child have trouble concentrating, understanding, or remembering?    Yes  No

Does your child like school?    Yes  No

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?    Yes  No

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

Do you practice your religion    regularly    irregularly    never?

**Work History:**

Does your child currently have a job?    Yes  No

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

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

Do you believe your child likes his/her job?    Yes  No

Do you believe there are any problems at work?    Yes  No

Does your family currently have financial problems?    Yes  No

**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?    Yes  No

To your knowledge, has your child been teased a lot by other kids?    Yes  No

Has your child recently changed his/her circle of friends/best friend?    Yes  No

Does your child have trouble making or keeping friends?    Yes  No

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Has your child been involved in a serious relationship that may include sexual activity?     Yes  No

Are you concerned about any intimate relationships that your child has had/is having?     Yes  No

To your knowledge, has your child had any pregnancies or gotten any person pregnant?     Yes  No

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?     Yes  No

To your knowledge, has your child ever been involved in any gang activity?     Yes  No

**Leisure Time/Interests:**

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

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

Regularly  Sometimes  Irregularly  Rarely  Never

Has your child's use of free time changed in the past year?     Yes  No

**Medical/Health History:**

Do you have a family doctor or other regular health care provider?     Yes  No

Has your child had a physical exam in the last year?     Yes  No

Does your child have any current physical problems, symptoms, or pain that he/she is not receiving medical attention for?     Yes  No

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

Do you have health insurance?     Yes  No

List any medications that your child is taking:

Medications \_\_\_\_\_

Reason for Taking It \_\_\_\_\_

Who Prescribes It \_\_\_\_\_

Has your child's eating or sleeping changed in the last year?     Yes  No

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

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In the last month, which of the following applies to your child? (Check 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?

By Whom? \_\_\_\_\_

How old was your child at the time of abuse? \_\_\_\_\_ How long did the abuse last? \_\_\_\_\_

Did he/she receive help for this?  Yes  No

To your knowledge, does your child feel suicidal now, or has your child ever felt suicidal in the past?  Yes  No

Do you feel that your child might hurt others?  Yes  No

Has your child ever attempted or suicide or hurt other people?  Yes  No

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

Has your child ever had any major illnesses, hospitalizations, surgery, accidents, or injuries?  Yes  No

If so, please explain \_\_\_\_\_

**Legal Status:**

Does your child now, or has your child ever had any legal problems?  Yes  No

Has your child ever been in a youth home?  Yes  No

Have your child ever been arrested or ticketed?  Yes  No

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?  Yes  No

**Alcohol/Drug Use:**

Does your child smoke cigarettes?  Yes  No How much? \_\_\_\_\_

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Is he/she allowed to smoke in the house?     Yes  No

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

\_\_\_\_\_

**Additional Comments**

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 \_\_\_\_\_