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Attention Lab

### PARENTING QUESTIONNAIRE

Today's date \_\_\_\_\_

Child's name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex: \_\_\_\_\_

Person completing this form \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Is this your biological child? (circle) Yes No

Relationship to child (circle): Mother Father Stepmother Stepfather Adoptive Mother

Adoptive Father Other (specify): \_\_\_\_\_

Briefly describe the concerns or problems that bring you here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When did these first occur? \_\_\_\_\_

Has there been any change over time? (better, worse) \_\_\_\_\_

How are these problems affecting your child at home? \_\_\_\_\_

\_\_\_\_\_

At school? \_\_\_\_\_

\_\_\_\_\_

Socially? \_\_\_\_\_

\_\_\_\_\_

What strategies have you tried (ex. books, coaching, medication, counseling) \_\_\_\_\_

\_\_\_\_\_

Has your child been diagnosed with having ADHD, if so, when? \_\_\_\_\_

Who gave him/her the diagnosis? \_\_\_\_\_

What goals or priorities would you like to work on in our sessions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### EDUCATIONAL HISTORY

Current school \_\_\_\_\_ Grade \_\_\_\_\_

Current grades \_\_\_\_\_

Which classes does your child do well in? \_\_\_\_\_

Which classes does your child have the most difficulty with? \_\_\_\_\_

What extracurricular activities, if any, is your child involved in? \_\_\_\_\_

\_\_\_\_\_

**MEDICAL & PSYCHIATRIC HISTORY**

Please list any current/active medical problems the child has: \_\_\_\_\_

Please list all current medications and dosages (include non-prescription drugs and supplements):

**SOCIAL HISTORY**

Parent name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Age \_\_\_\_\_

Parent name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Age \_\_\_\_\_

Names & ages of other children (child's siblings) \_\_\_\_\_

Who does the child live with? Does the child move between two different households? If so, please describe the routine \_\_\_\_\_

How would you describe your son/daughter's social life? \_\_\_\_\_

Does your son/daughter exercise regularly? Yes No If yes, what does he/she do? \_\_\_\_\_

What are his/her interests/hobbies? \_\_\_\_\_

What are his/her strengths/talents? \_\_\_\_\_

Is there anything else you feel is important for me to know in our work together? \_\_\_\_\_