

Child and Adolescent Questionnaire

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Please answer the following questions to the best of your ability; your answers will assist me in better understanding your particular case. Any questions left unanswered will remain as questions upon your child's intake interview; therefore, please do your best. If you feel that any question is too personal, then you may inform me more about it when you come in, or choose not to divulge the information at all. I can only help to the degree that I may understand your particular case. This questionnaire will be treated as personal, confidential, protected information.

Date _____ How did you find out about us _____

Child's Name _____ Date of birth _____ Age _____

Current School Attended _____ Current Grade Level _____

Current Grades; General Rough Idea (As, Bs, Cs, Ds, Fs) _____

Child living with whom _____ Is child adopted ____ Age of adoption ____

Reason for coming in for therapy, brief description _____

Parent/Guardian Information:

Parent/Guardian Name _____ Date of birth _____ Age _____

Address _____ How long living at this address _____

City _____ State _____ Zip _____

Home Phone _____ Social Security No. _____

Work Phone _____ Drivers License No. _____

Cell Phone _____ Level of Education _____

Place of Employment _____ Occupation _____

Employment Address _____ City _____ State ____ Zip _____

Marital status: Never Married ____ Married ____ Separated ____ Divorced ____ Widowed ____

Parent/Guardian has been in the current marital status for how many years now? _____

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Name of person completing this form _____ Phone No. _____

Address _____

Relationship to child listed above _____

Name of child's Insurance Provider _____
Group # _____ Contract/Member ID# _____
Insured's Name _____ Insured's Date of Birth _____
Insured's Place of Employment _____ Insured S.S. # _____
Employment Address _____ City _____ State ____ Zip _____

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Nearest Relative not living with child:

Person's Name _____ Phone No. _____

In case of Emergency contact person:

Person's Name _____ Phone No. _____

Is child currently in the care of a Physician ? _____ Date of last doctor visit _____

Physician's Name _____ Phone No. _____

Current Medications and reasons for seeing Physician _____

Has child ever seen a Counselor, Therapist, Psychologist or Psychiatrist before? _____

If so, please give names, reasons, explanation, approx. dates: _____

Please enter names and other info for all family members that pertain here, even if deceased, for example:

Mother	Maternal Grand Mother	Maternal Grand Father	Step Mother
Father	Paternal Grand Mother	Paternal Grand Father	Step Father
Sister 1	Sister 2	Sister 3	Sister 4, etc.
Brother 1	Brother 2	Brother 3	Brother 4, etc.
Step-Sisters	Step-Brothers	Half-Sisters	Half-Brothers

Please make sure that the child's Mother, Father, Brothers and Sisters are entered for sure but the more you enter the better my understanding will be. Use your own judgment here as to what is important.

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1.) Name _____ Relationship to child _____
How is/was this persons relationship with the child in question herein _____
Date of Birth _____ Age _____ Date of Death if Deceased _____
Current Location _____ Current Occupation _____
Highest Grade Completed _____ How many siblings does this person have _____
How is/was this persons relationships with their parents _____
How is/was this persons relationships with other people in general _____
Did this person have any problems (psychological, substances, or alcohol) _____
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2.) Name _____ Relationship to child _____
How is/was this persons relationship with the child in question herein _____
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Date of Birth _____ Age _____ Date of Death if Deceased _____
Current Location _____ Current Occupation _____
Highest Grade Completed _____ How many siblings does this person have _____
How is/was this persons relationships with their parents _____
How is/was this persons relationships with other people in general _____
Did this person have any problems (psychological, substances, or alcohol) _____
=====

3.) Name _____ Relationship to child _____
How is/was this persons relationship with the child in question herein _____
Date of Birth _____ Age _____ Date of Death if Deceased _____
Current Location _____ Current Occupation _____
Highest Grade Completed _____ How many siblings does this person have _____
How is/was this persons relationships with their parents _____
How is/was this persons relationships with other people in general _____
Did this person have any problems (psychological, substances, or alcohol) _____
=====

4.) Name _____ Relationship to child _____
How is/was this persons relationship with the child in question herein _____
Date of Birth _____ Age _____ Date of Death if Deceased _____
Current Location _____ Current Occupation _____
Highest Grade Completed _____ How many siblings does this person have _____
How is/was this persons relationships with their parents _____
How is/was this persons relationships with other people in general _____
Did this person have any problems (psychological, substances, or alcohol) _____
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5.) Name _____ Relationship to child _____
How is/was this persons relationship with the child in question herein _____
Date of Birth _____ Age _____ Date of Death if Deceased _____
Current Location _____ Current Occupation _____
Highest Grade Completed _____ How many siblings does this person have _____
How is/was this persons relationships with their parents _____
How is/was this persons relationships with other people in general _____
Did this person have any problems (psychological, substances, or alcohol) _____
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Developmental History:

Please list any particulars concerning child's development such as pregnancy, birthing, infancy, preschool, elementary school, high school, etc.; illnesses, losses, traumas, relationship problems, school problems, family problems, peer problems, change of school, moving, stress, environment, etc, be brief please.
