

BLAKE P. MITCHELL, PhD

Confidential questionnaire: Child/Adolescent Form

\*The purpose of this questionnaire is to obtain a comprehensive picture of your child's current circumstances. Your answering of these questions as fully and accurately as possible will facilitate the initial evaluation and make better use of our time. If there are questions on this form that you do not wish to or cannot answer, feel free to leave them blank.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Please list the problem(s) with which you want help:

1. \_\_\_\_\_  
\_\_\_\_\_

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

2. \_\_\_\_\_  
\_\_\_\_\_

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

3. \_\_\_\_\_  
\_\_\_\_\_

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

Has your child had previous counseling or other psychological treatment(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what type of treatment(s), where and when was this received? For what problems?

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

Was this helpful? \_\_\_\_\_

