HAWSE HEALTH CENTER

CLIENT QUESTIONAIRRE
(Please complete as much as possible as if you are the client)

IDENTIFING INFORMATION

Date_____ Client's Name:_____ Date of Birth:_____

Person Completing Form:_____ Relationship to Client: □Self □Parent □Guardian

Your Physical Address:_____

Your Mailing Address:_____

Home Phone#_____ Cell Phone#_____ □Self □Mother □Father □Other

Home Phone#_____ Cell Phone#_____ □Self □Mother □Father □Other

Your Education/Occupation_____Grade_____

Name of School attended or attending_____

Your Mother's Name_____Date of Birth_____

Your Mother's Education_____ Your Mother's Occupation_____

Your Mother's Address/Telephone Number_____

Your Father's Name_____Date of Birth_____

Your Father's Education_____ Your Father's Occupation_____

Your Father's Address/Telephone Number_____

Who has legal custody (if client is a child) □Father □Mother □Both Parents □Other_____

Name of Primary Care Provider/Doctor_____ Phone#_____

Any of the following changes in the past year:

□Marriage □Separation □Divorce □Serious Illness □Loss of Job □Deaths □Births □Change of school □Moved to another residence □Other_____

Have there been any changes or traumatic situations in your family? □Yes □No □Unknown □Uncertain
Please explain_____
_____
_____

List all those <u>living in</u> home:

1. Name Relationship Age

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin □Other_____ _____ _____

Person's Education_____ Person's Occupation_____

Person's Address/Telephone Number_____

2. Name Relationship Age

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin □Other_____ _____ _____

Person's Education_____ Person's Occupation__ _____

Person's Address/Telephone Number_____

3. Name Relationship Age

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin □Other_____ _____ _____

Person's Education_____ Person's Occupation_____ _____

Person's Address/Telephone Number_____

4. Name Relationship Age

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin □Other_____ _____ _____

Person's Education_____ Person's Occupation_____ _____

Person's Address/Telephone Number_____

5. Name Relationship Age

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin □Other_____ _____ _____

Person's Education_____ Person's Occupation_____ _____

Person's Address/Telephone Number_____

6. Name Relationship Age

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin □Other_____ _____ _____

Person's Education_____ Person's Occupation_____ _____

Person's Address/Telephone Number_____

7. Name Relationship Age

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin □Other_____ _____ _____

Person's Education_____ Person's Occupation_____ _____

Person's Address/Telephone Number_____

List significant others not living in home:

1. Name Relationship Age

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin □Other_____ _____ _____

Person's Education_____ Person's Occupation_____

Person's Address/Telephone Number_____

2. Name Relationship Age

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin □Other_____ _____ _____

Person's Education_____ Person's Occupation_____

Person's Address/Telephone Number_____

3. Name Relationship Age

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin □Other_____ _____ _____

Person's Education_____ Person's Occupation_____

Person's Address/Telephone Number_____

4. Name Relationship Age

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin □Other_____ _____ _____

Person's Education_____ Person's Occupation_____

Person's Address/Telephone Number_____

5. Name Relationship Age

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin □Other_____ _____ _____

Person's Education_____ Person's Occupation_____

Person's Address/Telephone Number_____

6. Name Relationship Age

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin □Other_____ _____ _____

Person's Education_____ Person's Occupation_____

Person's Address/Telephone Number_____

7. Name Relationship Age

_____□Father □Step-Father □Mother □Step-Mother □Brother □Step-Brother □Sister □Step-Sister
□Grand-Father □Grand-Mother □Step-Grandfather □Step-Grandmother □Cousin □Other_____ _____ _____

Person's Education_____ Person's Occupation_____

Person's Address/Telephone Number_____

Please check all that apply and explain in detail as space permits

	Not enough sleep: □trouble falling asleep □awaken several times a night
	Too much sleep:
	Total Hours of sleep most days:
	Usually asleep by: Usually wake up at:
	Other trouble sleeping:
	Anger: □daily □weekly □monthly How many times per day/week/or month?
	Verbal Aggression: □daily □weekly □monthly How many times per day/week/or month?
	Physical Aggression/Fighting: □daily □weekly □monthly How many times per day/week/or month?
	Decreased Energy:
	Poor Concentration:
	Restlessness:
	Fidgeting:
	Impulsive:
	Grief:
	Nervousness:
	Crying(When, How much, About what):
	Worry(about what):
	Decreased joy in normal pleasure activities:
	Acts as though "driven by a motor"
	Substance Use: □Tobacco □Alcohol □marijuana □other:
	Heedless to danger:
	Interrupts frequently:
	Destroys toys/things:
	More active than siblings:
	Physical developments/complaints:
	Self-Image/Self-Worth/Self Confidence Issues:
	Talks about hurting □Self □Others:
	Depression:
	Excessive shyness:
	Rebellion/Oppositional/Defiance of authority:
	Back Talking:
	Excessive moodiness:
	Withdrawal from □Family □Friends:
	Conflicts with □Father □Mother □Siblings □Teachers □Spouse □Other :
	Truancy/Dropout/Refusal to go school:
	Lying/Stealing/Cheating:
	Decline in □grades □academic performance □work performance:
	Change in appetite □increase □decrease □other:
	Weight Concerns: □decrease □increase □other
	Change in diet/nutrition:
	Concerns about amount of physical activity:
	Sexual Behavior □sexual comments □sexually explicit talk □excessive masturbation □pornography □other:
	Sexually Active: □yes □no
	Sexual Identity □hetro □homo □bi □other □unknown:
	Birth Control Issues:

DEVELOPMENTAL HISTORY

Where were you born? (home or name of hospital)_____

Pregnancy was □Planned □Unplanned □Unknown

Check off and comment on any of the following your mother experienced during pregnancy:

□Excessive nausea and vomiting_____

□Serious illness, infections, accidents_____

□Drugs or medications_____

□Smoking_____

□Alcohol_____

How long was labor?_____ Birth was: □Normal □Breach □Cesarean

Was anesthesia used? □Yes □No □Unknown If yes, what type?_____

Were forceps used? □Yes □No □Unknown Birth weight:_____

What was mother's condition? _____ What was baby's condition? _____

Did the baby need medical assistance in starting to breath? □Yes □No □Unknown If yes, please explain_____

_____

Check off and comment on any of the following baby experienced in first month of life:

□Cyanosis (turned blue) _____

□Deformity _____

□Jaundice _____

□Feeding, swallowing, or sucking difficulty _____

□Other serious illness/injury _____

Were you breast fed? □Yes □No □Unknown If yes, at what age were you weaned?_____

Were there any difficulties with feeding or weight gain as a baby? □Yes □No □Unknown If yes, please explain_____

Describe your activity level as a baby (overactive, calm, listless): _____

At what age did you talk?_____walk?_____toilet train?_____ begin puberty?_____ begin period?_____

Were developmental milestones met on time? □Yes □No □Unknown

Were you ever placed or boarded away from home? □Yes □No □Unknown If yes, please explain _____

_____

_____

HEALTH AND FAMILY INFORMATION

Describe any major health concerns you have experienced in the past and/or present.

_____

_____

_____

List any ongoing medications you are taking. Describe the purpose or reason and by whom prescribed.

_____

_____

_____

Have you been seen previously for assessment or counseling? □Yes □No

If yes indicate the name of the professional_____

Date and Place of Service_____

Purpose and/or Diagnosis_____

What are your strengths and interests?

_____

_____

What are your challenges?

_____

_____

Please check and describe any concerns about your family (mother, father, grandparents, siblings, aunts, uncles, step-parents) listed below:

□Health Concerns_____

□Mental or Behavioral Health Concerns_____

□Alcoholism/Drug Addiction_____

□Death in the Family_____

□Job Loss_____

□Marital Difficulties_____

□Physical/Sexual/Emotional Abuse_____

□Other_____

_____

BACKGROUND OF YOUR MOTHER

Where was your mother raised and by whom?_____

Describe your mother's past and current relationship with her caregivers:

_____

_____

List the brothers/sisters of your mother, their ages, current whereabouts, and relationship they have with your mother:

_____

_____

_____

_____

List the names and age of your mother's children:

_____

_____

_____

_____

How did your mother discipline her children?_____

_____

Describe any difficulties your mother experienced in childhood (serious illness, abuse, divorce, deaths, etc.):

_____

_____

How was your mother disciplined and by whom?_____

_____

Describe if your mother or any of your mother's relatives ever had any of the following:

□Serious Illness □mother □other_____
□Allergies □mother □other_____
□Depression □mother □other_____
□Bipolar Disorder □mother □other_____
□Obsessive Compulsive Disorder □mother □other_____
□Developmental Delays □mother □other_____
□ADHD □mother □other_____
□Tic Disorder □mother □other_____
□Autism Disorder □mother □other_____
□Eating Disorder □mother □other_____
□Alcoholism □mother □other_____
□Drug Abuse □mother □other_____
□Criminal Conviction □mother □other_____

BACKGROUND OF YOUR FATHER

Where was your father raised and by whom?_____

Describe your father's past and current relationship with her caregivers:

_____

_____

List the brothers/sisters of your father, their ages, current whereabouts, and relationship they have with your mother:

_____

_____

_____

_____

List the names and age of your father's children:

_____

_____

_____

_____

How did your father discipline his children?_____

_____

Describe any difficulties your father experienced in childhood (serious illness, abuse, divorce, deaths, etc.):

_____

_____

How was your father disciplined and by whom?_____

_____

Describe if your father or any of your father's relatives ever had any of the following:

□Serious Illness □father □other_____
□Allergies □father □other_____
□Depression □father □other_____
□Bipolar Disorder □father □other_____
□Obsessive Compulsive Disorder □father □other_____
□Developmental Delays □father □other_____
□ADHD □father □other_____
□Tic Disorder □father □other_____
□Autism Disorder □father □other_____
□Eating Disorder □father □other_____
□Alcoholism □father □other_____
□Drug Abuse □father □other_____
□Criminal Conviction □father □other_____