

PRESCREEN INTERVIEW FOR PARENTS

DATE: _____ INTERVIEWER: _____

CHILD'S NAME: _____ AGE: _____

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____

WITH WHOM DOES THE CHILD NOW LIVE? _____

FATHER'S NAME: _____

ADDRESS: _____

MOTHER'S NAME: _____ PHONE HOME: _____
WORK _____

ADDRESS: _____ PHONE HOME: _____
WORK: _____

EMPLOYERS: (FATHER) _____

ADDRESS: _____

PHONE: _____

(MOTHER) _____

ADDRESS: _____

PHONE: _____

STEP PARENT NAME: _____

ADDRESS: _____

EMPLOYER: _____

MARITAL HISTORY - list dates of all marriages and divorces:

Mother: _____

Father: _____

Stepfather: _____

Custody Arrangement: _____

Was child adopted: _____ At what age? _____

Foster Care? _____

BROTHERS & SISTERS: (names, ages and relationship) _____

Any other people living in the home: _____

PERSONAL DATA

NAME: _____

Child's place of birth: _____

Problems during pregnancy or birth: _____

Difficulties at time of birth: _____

UNDERLINE ANY OF THE FOLLOWING THAT APPLIED DURING THIS CHILD'S CHILDHOOD:

Night terrors
Thumbsucking
Fears
Happy childhood

Cleanliness concern
Bedwetting
Nail biting
Sleep walking

Speech problems
Unhappy childhood
Behavior problems
Too few friends

Health of child _____

Childhood diseases and age: _____

Injuries/accidents and age: _____

MAJOR ILLNESSES AND AGE: _____

Hospitalization and diagnosis: _____

SURGICAL OPERATIONS AND AGE AT TIME: _____

Previous counseling experiences: _____

Previous drug treatment programs: _____

Has any psychological testing been done? _____ Where? _____

By whom? _____

Reason? _____

Name: _____

SCHOOL HISTORY

Schools attended, in order of attendance: _____

Last grade completed: _____ Grades failed: _____

Special services received: Tutoring _____ Remedial reading _____ Speech _____

Grade point average: _____

EVER BEEN: Suspended? _____ Expelled? _____ EXPLAIN: _____

Presently enrolled in school? _____

LEGAL HISTORY

Has child had any contact with police? _____ If so, when? _____

Have you contacted police about your child? _____

For what offence? _____
(Please be specific)

Court status and ruling, if any: _____

Was your child court-ordered to treatment? _____

OFFENSES AGAINST PROPERTY, i.e., stealing, breaking & entering, vandalism?

Are any charges pending? _____ If yes, what? _____

Hearings scheduled? _____

ADDITIONAL COMMENTS? _____

SYMPTOM CHECKLIST

- Aggressive anger
- Attention getting behavior
- Some moodiness
- Losing extracurricular activities
- Family tension
- New slang
- Sexually active
- Withdrawn
- Charming con

- Skipping school, failing grades
- School suspension__expulsion
- School drop-out
- Job loss
- Hard face
- Decreased attention span
- Short, simple sentences
- Restless, irritable
- Explosive anger
- Verbal abuse
- Family physical violence
- Threats

- Living away from home
- Out of school
- Out of job
- No regular friends
- No hobbies/activities
- Major drug dealing
- Weight loss
- Stopped having menstrual periods
- "Burnt-out" appearance

- Gave up a sport
- Gave up a hobby
- Gave up activity
- Temporary grade drop
- School behavior problems
- Family arguing
- Stealing from family
- Hidden new friends
- Dress, hair changes
- Language change
- Disturbed sleep

- Arrests: __1__2-3__4+
- Bad acne
- Sleep problems
- Sloppy appearance, hygiene
- Druggie appearance
- Runaway__2+ runaways
- Auto accident(s)
- Shoplifting__Vandalism__B&E
- Minimal drug/alc. dealing
- Cough__Red eyes__Eye bags
- Irregular menstrual periods
- Suicide attempt (non-serious)

- Suicide attempts
- Family alienated
- Constant legal problems
- Blank face
- Frequent infections
- Loss of memory
- Bad hygiene
- Sex for pay__sex dysfunction