Suzannah Ferron

Licensed Marriage and Family Therapist, MFC 84622

3171 Los Feliz Boulevard, Suite 311-D, Los Angeles, California 90039

suzannahferron.com • 818-381-9819 • connect@suzannahferron.com

TEEN CLIENT QUESTIONNAIRE : FOR PARENT(S)

Thank you for taking the time to fill out this questionnaire. If there are questions you cannot answer, do not feel comfortable answering or are unclear, leave them blank, and we can discuss them in session.

General Information for Parent #1

Name of Parent #1 ______________________________ Date ______________

Home address ____

____

Email ____

May I contact you via email:

- Responding to your email? ○ Yes ○ No
- Appointment times and dates? ○ Yes ○ No
- Upcoming groups or workshops? ○ Yes ○ No

Phone numbers — Is it okay to leave a message?

Cell ______________________________ ○ Yes ○ No

Home ______________________________ ○ Yes ○ No

Work ______________________________ ○ Yes ○ No

Date of birth ______________________________ Age ______________

Relationship status (Check any that apply.)

○ Single ○ Partnered ○ Married ○ Relationship recently ended
○ Divorced ○ Separated ○ Widowed ○ Relationship recently begun

Others living in your home (e.g. family member, partner, roommate, animal companion)

____

____

Current occupation (Check any that apply.)

○ Unemployed ○ Employed full-time ○ Employed part-time ○ Self-Employed
○ Student ○ Stay-at-home parent ○ Caretaker ○ Retired

Occupation(s) ____

Current household income ____

Work address(es) (If different from home address) ______________________________

____

General Information for Parent #2

Name of Parent #1 ______________________________ Date ______________

Home address ____

____

Email ____

May I contact you via email:

- Responding to your email? ○ Yes ○ No
- Appointment times and dates? ○ Yes ○ No
- Upcoming groups or workshops? ○ Yes ○ No

Phone numbers — Is it okay to leave a message?

Suzannah Ferron

Licensed Marriage and Family Therapist, MFC 84622

3171 Los Feliz Boulevard, Suite 311-D, Los Angeles, California 90039

suzannahferron.com • 818-381-9819 • connect@suzannahferron.com

Cell ______________________________ O Yes O No

Home ______________________________ O Yes O No

Work ______________________________ O Yes O No

Date of birth ______________________________ Age ____________

Relationship status (Check any that apply.)

O Single O Partnered O Married O Relationship recently ended

O Divorced O Separated O Widowed O Relationship recently begun

Others living in your home (e.g. family member, partner, roommate, animal companion)

____

____

Current occupation (Check any that apply.)

O Unemployed O Employed full-time O Employed part-time O Self-Employed

O Student O Stay-at-home parent O Caretaker O Retired

Occupation(s) ______________________________

Current household income ______________________________

Work address(es) (If different from home address) ______________________________

____

Parental Custody Information

If applicable, please explain all legal custody arrangements. Do you foresee any changes or challenges?

Please provide all court documentation to therapist prior to session. ______________________________

____

____

____

____

Client's Emergency Contact Information

Name #1______________________________

Address ______________________________

Cell phone ____________ Home phone ____________Relationship to client ____________

Name #2 ______________________________

Address ______________________________

Cell phone ____________ Home phone ____________Relationship to client____________

Client Payment/Insurance Information

How do you intend to pay for therapy? O Cash O Check

Are you interested in an insurance superbill? O Yes O No (Please see your disclosure form.)

Family of Origin and Background

Parent's name ______________________________

Suzannah Ferron

Licensed Marriage and Family Therapist, MFC 84622

3171 Los Feliz Boulevard, Suite 311-D, Los Angeles, California 90039

suzannahferron.com • 818-381-9819 • connect@suzannahferron.com

Relationship ○ Mother ○ Father ○ Partner of mother ○ Partner of father
○ Stepmother ○ Stepfather ○ Other (Please specify) ____________

Is this parent still living? ○ Yes ○ No Age/health of parent ____________

Please briefly describe the child's relationship with this parent ____________

____

____

Parent's name ____________

Relationship ○ Mother ○ Father ○ Partner of mother ○ Partner of father
○ Stepmother ○ Stepfather ○ Other (Please specify) ____________

Is this parent still living? ○ Yes ○ No Age/health of parent ____________

Please briefly describe the child's relationship with this parent ____________

____

____

Parent or Significant Adult's name ____________

Relationship ○ Mother ○ Father ○ Partner of mother ○ Partner of father
○ Stepmother ○ Stepfather ○ Other (Please specify) ____________

Is this parent still living? ○ Yes ○ No Age/health of parent ____________

Please briefly describe the child's relationship with this parent ____________

____

____

Parent or Significant Adult's name ____________

Relationship ○ Mother ○ Father ○ Partner of mother ○ Partner of father
○ Stepmother ○ Stepfather ○ Other (Please specify) ____________

Is this parent still living? ○ Yes ○ No Age/health of parent ____________

Please briefly describe the child's relationship with this parent ____________

____

____

Sibling's name ____________ Age ______

Sibling's name ____________ Age ______

Sibling's name ____________ Age ______

Sibling's name ____________ Age ______

Other siblings, grandparents, important family members and the child's relationship to them ______

____

____

Does your teen have animal companions? ○ Yes ○ No

Names and species of animal companions

Describe your child's relationship with her/his animal companions

Does your teen spend time out of doors? ○ Yes ○ No

If yes, what outdoor activity is your teen involved in, and how much time per week does she/he spend?

Health and Mental Health Information of Client

What is the main reason you are seeking help for your child? Please indicate how long she/he has been experiencing this issue.

Please list any other reasons you are seeking help for your teen and how long she/he has been experiencing these issues.

What are your hopes regarding your child's therapy?

Does your teen currently have any medical problems?

Suzannah Ferron
Licensed Marriage and Family Therapist, MFC 84622
3171 Los Feliz Boulevard, Suite 311-D, Los Angeles, California 90039
suzannahferron.com • 818-381-9819 • connect@suzannahferron.com

Has your teen ever been treated for any of the following? If so, please explain.

○ Head injury or loss of consciousness ○ Frequent ear infections ○ Tubes in ears
○ Hearing or vision problems ○ Meningitis ○ Seizures ○ Asthma ○ Elevated lead levels
○ Slow/fast growth ○ Allergies ○ Cancer ○ Surgeries ○ Other ____________________

____
____
____
____

Has your teen previously seen a therapist or psychiatrist? If so please provide the name(s) of the mental health practitioner(s), reason for therapy and duration of therapy. Was the therapy successful? How so?

____
____
____
____

Has your teen ever been hospitalized for a medical or mental illness? If so, explain when, where, and the reason for hospitalization. ____

____
____
____

Please list your child's current prescription medications with dosage. ____________________

____
____

Has your teen previously taken psychiatric medications? If so, please list the dates and dosage.

____
____
____

Suzannah Ferron
Licensed Marriage and Family Therapist, MFC 84622
3171 Los Feliz Boulevard, Suite 311-D, Los Angeles, California 90039
suzannahferron.com • 818-381-9819 • connect@suzannahferron.com

Do you know or suspect that your teen drinks alcohol or uses recreational drugs? If so, what kind & how often? ______________________________

____

____

Do you or anyone close to your teen consider her/him use to be a problem? ○ Yes ○ No Please explain.

____

____

Name and address of child's primary care physician ______________________________

____

Name and address of child's psychiatrist (if applicable) ______________________________

____

When was your child's last complete physical exam (mo/year)? ______________________________

Describe your child's exercise (type, minutes/times per week) ______________________________

____

____

Describe your child's typical diet. ______________________________

____

Family History of Physical and Mental Health

Please indicate any family history of the following issues in the client's **biological** parents, if known.

Learning Problems ○ Maternal ○ Paternal

Explain ______________________________

Speech Problems ○ Maternal ○ Paternal

Explain ______________________________

Medical Problems ○ Maternal ○ Paternal

Explain ______________________________

Emotional Problems ○ Maternal ○ Paternal

Explain ______________________________

Alcohol Abuse ○ Maternal ○ Paternal

Explain ______________________________

Substance Abuse ○ Maternal ○ Paternal

Explain ______________________________

Suzannah Ferron

Licensed Marriage and Family Therapist, MFC 84622

3171 Los Feliz Boulevard, Suite 311-D, Los Angeles, California 90039

suzannahferron.com • 818-381-9819 • connect@suzannahferron.com

Please indicate if any members of your child's extended family (aunts, uncles, grandparents, etc.) has a history of any of the following. If yes, please indicate the family member's relationship to your child.

Anxiety (general) ○ Yes ○ No ____________________

Obsessive Compulsive ○ Yes ○ No ____________________

Depression ○ Yes ○ No ____________________

Suicide Attempts ○ Yes ○ No ____________________

Completed Suicide ○ Yes ○ No ____________________

Bipolar Disorder ○ Yes ○ No ____________________

Alcoholism ○ Yes ○ No ____________________

Substance Abuse ○ Yes ○ No ____________________

Domestic Violence ○ Yes ○ No ____________________

Eating Disorders ○ Yes ○ No ____________________

Obesity ○ Yes ○ No ____________________

Schizophrenia ○ Yes ○ No ____________________

Counseling/Therapy ○ Yes ○ No ____________________

Psychiatric Hospitalizations ○ Yes ○ No ____________________

Pregnancy and Birth

Describe any complications during pregnancy (e.g., high blood pressure, diabetes, hospitalization)

____

____

List any medications used during pregnancy. ____________________

____

Did the biological mother smoke or was she exposed to smoking during pregnancy ? ○ Yes ○ No

If yes, how much? ____________________

Did the biological mother drink alcohol? ○ Yes ○ No

If yes, how much? ____________________

Did the biological mother use recreational drugs? ○ Yes ○ No

If yes, how much? ____________________

Length of pregnancy (in weeks) ____________________

Age of mother at birth ____________________

Birth of child/tween client ____________________

Complications during delivery (if any) ____________________

____

Length of stay in the hospital (in days) Mother ____________ Teen ____________

Suzannah Ferron

Licensed Marriage and Family Therapist, MFC 84622

3171 Los Feliz Boulevard, Suite 311-D, Los Angeles, California 90039

suzannahferron.com • 818-381-9819 • connect@suzannahferron.com

Developmental Milestones

At what age (month/year) did your teen do the following?

Turn over ___________________ Crawl _______________________ Stand Alone _______________________

Walk Alone __________________ First Words __________________ First Phrases _______________________

Is your teen toilet trained? ○ No ○ Yes, days only ○ Yes, days and nights

Has your teen wet or soiled himself after being trained? ○ Yes ○ No

If yes, explain ____

Did your teen enjoy cuddling? ○ Yes ○ No

Was your teen fussy or irritable? ○ Yes ○ No

Was your teen more active than other babies? ○ Yes ○ No

Your Child's Functioning at Home, School, and Socially

Education (Check all that apply.)

○ Preschool ○ Kindergarten ○ Elementary School ○ Middle School/Junior High

○ Boarding School ○ Homeschool ○ Un-school

Name and Address of School/Homeschool/Homeschool Group ____________________________________

____

Current Grade _______________ Repeated Grades (if any) ____

Describe your child's preschool (or preschool-aged homeschool)experience _______________________

____

____

Describe your child's kindergarten (or kindergarten-aged homeschool) experience _________________

____

____

Is your teen in a regular class? ○ Yes ○ No

Does your teen have an IEP ? ○ Yes ○ No Explain ____________________________________

Is your teen in any advanced classes? ○ Yes ○ No Explain ____________________________________

Has your teen received tutoring? ○ Yes ○ No Explain ____________________________________

What are your child's typical grades? ____

What are your child's strongest and weakest areas, including academics, participation and social skills?

____

____

____

Are you satisfied with your child's educational program? ○ Yes ○ No Please explain ____________

____

____

Suzannah Ferron

Licensed Marriage and Family Therapist, MFC 84622

3171 Los Feliz Boulevard, Suite 311-D, Los Angeles, California 90039

suzannahferron.com • 818-381-9819 • connect@suzannahferron.com

What do you enjoy most about your child?

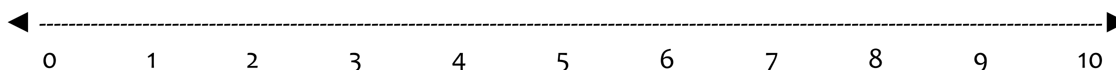
1. ______________________________
2. ______________________________
3. ______________________________
4. ______________________________
5. ______________________________

What are some activities you do as a family? ______________________________

____

____

How often does your teen listen to and obey your instructions, with "0" being never and "10" being always?



0 1 2 3 4 5 6 7 8 9 10

What are your discipline techniques, and how successful are they? ______________________________

____

____

____

How would you describe your strengths personally and as a parent? ______________________________

____

____

____

What are some of your areas of needed growth? ______________________________

____

____

____

What are your child's strengths/gift/talents? ______________________________

____

____

____

What are your child's areas of needed growth? ______________________________

____

____

____

Suzannah Ferron
Licensed Marriage and Family Therapist, MFC 84622
3171 Los Feliz Boulevard, Suite 311-D, Los Angeles, California 90039
suzannahferron.com • 818-381-9819 • connect@suzannahferron.com

What are your child's favorite activities or hobbies? ______________________________

____

____

____

In what extracurricular or community activities is your teen involved in? ______________

____

____

How does your teen get along with other children? ______________________________

____

____

Current Challenges

Please check any of the following issues that your teen is currently experiencing. If you are not sure, write a question mark next to the issue, and we can go over it together.

- ○ More sad than usual
- ○ Moodiness (more ups and downs)
- ○ Feeling more tired and drained than usual
- ○ Difficulty focusing or paying attention
- ○ Crying more than usual
- ○ Loss of motivation, interest in things
- ○ Sleeping too much or too little
- ○ Feeling guilty
- ○ Feeling worthless or hopeless
- ○ Thoughts about harming self
- ○ Self-harming plan, intent, actions
- ○ Thoughts about harming other
- ○ Other-harming plan, intent, actions
- ○ Suicidal thoughts
- ○ Suicidal plan, intent, actions
- ○ Decrease in usual energy
- ○ Withdrawal from family, friends, activities
- ○ Anxiety/fear/worry
- ○ Panic attacks
- ○ Feeling unsafe at home or school
- ○ Difficulty focusing in class
- ○ Difficulty in peer relationships
- ○ Difficulty completing homework
- ○ Difficulty controlling overwhelming emotions
- ○ Bullying
- ○ Being bullied
- ○ Shyness, awkwardness in social situations
- ○ Phobias
- ○ Enuresis (wetting pants)
- ○ Encopresis (soiling pants)
- ○ More energy than usual
- ○ Hyperactivity or difficulty sitting still
- ○ Not able to sleep
- ○ Difficulty falling asleep
- ○ Waking up too early
- ○ Nightmares
- ○ Increase in appetite
- ○ Decrease in appetite
- ○ Weight gain
- ○ Weight Problems with eating/food
- ○ Feeling foggy-headed
- ○ Problems remembering things
- ○ Parent-teen conflict
- ○ Sibling problems
- ○ Extended family problems
- ○ Violence in family (actual or threatened)
- ○ Other relationship problems
- ○ Anger/temper issues
- ○ Communication difficulties
- ○ Alcohol abuse (teen or family member)
- ○ Drug abuse (teen or family member)
- ○ School problems
- ○ Family financial concerns
- ○ Physical abuse (now or past)
- ○ Emotional abuse (now or past)
- ○ Verbal abuse (now or past)
- ○ Legal problems
- ○ Death of a loved one (person/animal)
- ○ Major losses/changes in life
- ○ Body image issues (one's body or part of body)

Suzannah Ferron
Licensed Marriage and Family Therapist, MFC 84622
3171 Los Feliz Boulevard, Suite 311-D, Los Angeles, California 90039
suzannahferron.com • 818-381-9819 • connect@suzannahferron.com

- ○ Low self-esteem
- ○ Low self-confidence
- ○ Sleep terrors (waking up screaming)
- ○ Stomach/digestive problems
- ○ Migraine headaches
- ○ Head injury
- ○ Chronic pain or illness
- ○ Intrusive thoughts
- ○ Compulsive actions (lock checking, hand washing)
- ○ Disturbing thoughts
- ○ Hearing/seeing things others don't
- ○ Thinking others are out to get her/him
- ○ Dangerous neighborhood
- ○ Dangerous school
- ○ Racial discrimination
- ○ Ethnicity-based discrimination
- ○ Ability-based discrimination
- ○ Gender-based discrimination
- ○ Religion-based discrimination
- ○ Orientation-based discrimination
- ○ Concern about the environment, climate change
- ○ Acculturation (trying to adjust to new culture)
- ○ Recent move
- ○ Recent job loss in family
- ○ Recent parental divorce or break-up
- ○ Recent accident or illness (self, loved one)
- ○ Other (please specify) ______________________________

____
____
____

Is there anything else about your teen that might be helpful for me to know or address? ____________

____
____
____
____

I, ______________________________ consent to the participation of my
(Printed Name of Custodial Parent)

child, ______________________________ in therapy with
(Printed Name of Child/Minor Client)

______________________________ .
(Printed Name of Therapist)

______________________________ ______________
(Parent/Guardian Signature) **(Date)**

Suzannah Ferron

Licensed Marriage and Family Therapist, MFC 84622

21243 Ventura BL, Suite 228 Woodland Hills CA 91364

suzannahferron.com •818-381-9818 • connect@suzannahferron.com

I, ____ consent to the participation of my

(Printed Name of Custodial Parent)

child, ____ in therapy with

(Printed Name of Child/Minor Client)

____ .

(Printed Name of Therapist)

____ ____________________

(Parent/Guardian Signature) (Date)