

***Eve Merrill, Psy.D.***

Licensed Psychologist

921 West New Hope

Suite 502

Cedar Park, TX 78613

[dr.merrill@evemerrill.com](mailto:dr.merrill@evemerrill.com)

(512) 940-7311

**BACKGROUND QUESTIONNAIRE**

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Sex \_\_\_\_\_ Gender Identity \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_  
name address

Who does child live with (please include names, ages, and relationships of everyone who lives in the household).

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Please list names and ages of non-resident parents and siblings

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**Parent Information**

Name \_\_\_\_\_ Education \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Name \_\_\_\_\_ Education \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Please give a brief summary of the main struggles you are seeking help for

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**DEVELOPMENTAL HISTORY**

**Pregnancy**

- Excessive vomiting \_\_\_\_\_
- Excessive bleeding \_\_\_\_\_
- Threatened Miscarriage \_\_\_\_\_
- Infection \_\_\_\_\_
- Toxemia \_\_\_\_\_
- Smoking during pregnancy \_\_\_\_\_
- Alcohol during pregnancy \_\_\_\_\_
- Illegal drugs during pregnancy \_\_\_\_\_

Please list any other complications

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Medications taken during pregnancy

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X-rays during pregnancy \_\_\_\_\_

Duration of pregnancy \_\_\_\_\_ weeks

**Delivery**

Type of labor: Spontaneous \_\_\_\_\_ Induced \_\_\_\_\_ Duration of Labor \_\_\_\_\_

Type of Delivery: Vaginal \_\_\_\_\_ Cesarean \_\_\_\_\_

Anesthesia \_\_\_\_\_ Complications: \_\_\_\_\_

Birth Weight \_\_\_\_\_ Appropriate for gestational age \_\_\_ Small for gestational age \_\_\_\_\_

**Post Delivery**

Apgar score \_\_\_\_\_

Jaundice \_\_\_\_\_

Suck: Strong \_\_\_\_\_ Weak \_\_\_\_\_

Infection \_\_\_\_\_

Birth Defects \_\_\_\_\_

Other complications \_\_\_\_\_

Number of days baby was in the hospital \_\_\_\_\_

### **Infancy-Toddler Period**

Did *NOT* enjoy cuddling \_\_\_\_\_ Was *NOT* calmed by being held, or rocked \_\_\_\_\_

Colic \_\_\_\_\_

Frequent head-banging \_\_\_\_\_

Difficulty sleeping \_\_\_\_\_

Constantly into everything \_\_\_\_\_

More accidents than other toddlers \_\_\_\_\_

### **Developmental Milestones**

	<b>Age</b>	<b>Early</b>	<b>Average</b>	<b>Late</b>
Smiled	_____	_____	_____	_____
Crawled	_____	_____	_____	_____
Walked without assistance	_____	_____	_____	_____
Spoke first word (not mama or dada)	_____	_____	_____	Sentences _____
Toilet Trained Day/Night	_____	_____	_____	_____

### **School**

Does your child understand directions and situations as well as other children his or her age?  
\_\_\_\_\_

How would you rate your child's overall level of intelligence compared to other children?

Below Average \_\_\_\_\_ Average \_\_\_\_\_ Above Average \_\_\_\_\_

Please describe any significant events that occurred during

Preschool \_\_\_\_\_

Kindergarten \_\_\_\_\_

Elementary School \_\_\_\_\_

Middle School \_\_\_\_\_

High School \_\_\_\_\_

At what grade level is your child functioning in:

Reading \_\_\_\_\_ Math \_\_\_\_\_

What grades is your child currently getting in school? \_\_\_\_\_

Is this a change from the past? \_\_\_\_\_

Has your child ever repeated a grade? \_\_\_\_\_

Has your child had any psychological or psychoeducational testing? \_\_\_\_\_

Has your child ever been diagnosed with Learning Disabilities? \_\_\_\_\_

Has your child ever received Special Education services? \_\_\_\_\_

Briefly describe any academic school problems \_\_\_\_\_

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

Briefly describe any school behavior problems \_\_\_\_\_

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

Does your child have any of the following problems at school?

Doesn't sit still in seat \_\_\_\_\_

Frequently gets up and walks around the room \_\_\_\_\_

Doesn't wait to be called on, shouts out \_\_\_\_\_

Won't wait his/her turn \_\_\_\_\_

Does not cooperate during group activities \_\_\_\_\_

Does better one on one \_\_\_\_\_

Doesn't respect the rights of others \_\_\_\_\_

Doesn't seem to pay attention to instructions \_\_\_\_\_

### Peer Relationships

Does your child seek friendships with peers? \_\_\_\_\_

Is your child sought by peers for friendship? \_\_\_\_\_

Does your child play primarily with children his/her age? \_\_\_\_\_ Older? \_\_\_\_\_ Younger ? \_\_\_\_\_

Describe any problems your child has with peers \_\_\_\_\_

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### Home Behavior

All children exhibit the following behaviors to some degree. Check those that you believe your child exhibits more so than other children his/her age.

- Hyperactivity \_\_\_\_\_
- Poor attention span \_\_\_\_\_
- Impulsivity \_\_\_\_\_
- Low frustration tolerance \_\_\_\_\_
- Temper outbursts \_\_\_\_\_
- Sloppy table manners \_\_\_\_\_
- Interrupts frequently \_\_\_\_\_
- Doesn't listen when spoken to \_\_\_\_\_

Sudden outbursts of aggression \_\_\_\_\_  
Acts as if driven by a motor \_\_\_\_\_  
Lacks appropriate fear of danger \_\_\_\_\_  
Accident prone \_\_\_\_\_  
Doesn't learn from experience \_\_\_\_\_  
Poor memory \_\_\_\_\_  
More active than peers or siblings \_\_\_\_\_

### **Interests and Accomplishments**

What are your child's main interests and hobbies? \_\_\_\_\_

\_\_\_\_\_

What are your child's accomplishments? What is s/he good at? \_\_\_\_\_

\_\_\_\_\_

What does your child dislike doing? \_\_\_\_\_

\_\_\_\_\_

### **Medical History**

Please list the age at which your child experienced any of the following illnesses as well as any other pertinent information regarding the illness.

Childhood diseases (describe any complications) \_\_\_\_\_

\_\_\_\_\_

Operations \_\_\_\_\_

Hospitalizations \_\_\_\_\_

\_\_\_\_\_

Head Injuries \_\_\_\_\_

Loss of consciousness? \_\_\_\_\_

Convulsions/seizures \_\_\_\_\_

High fever \_\_\_\_\_

Coma \_\_\_\_\_

Meningitis or encephalitis \_\_\_\_\_

Immunization reactions \_\_\_\_\_

Latest eye exam \_\_\_\_\_ Problems \_\_\_\_\_

Latest hearing test \_\_\_\_\_ Problems \_\_\_\_\_

Latest physical \_\_\_\_\_ Problems \_\_\_\_\_

Present height \_\_\_\_\_ weight \_\_\_\_\_

Present illnesses \_\_\_\_\_

Current medications \_\_\_\_\_

**Family History-Biological Mother**

Age \_\_\_\_\_ Age at time of pregnancy \_\_\_\_\_

Number of pregnancies \_\_\_\_ Number of live births \_\_\_\_ Number of miscarriages \_\_\_\_

Fertility issues \_\_\_\_\_

Highest grade completed \_\_\_\_\_ Learning problems \_\_\_\_\_

Behavior problems \_\_\_\_\_

Medical problems \_\_\_\_\_

Have any of your *blood* relatives had a history of problems similar to your child? If so describe  
\_\_\_\_\_

Have any of your blood relatives had a history of substance abuse problems, anger problems,

mental illness, or legal problems? \_\_\_\_\_  
\_\_\_\_\_

**Family History-Biological Father**

Age \_\_\_\_\_ Age at time of conception \_\_\_\_\_

Fertility issues \_\_\_\_\_

Highest grade completed \_\_\_\_\_ Learning problems \_\_\_\_\_

Behavior problems \_\_\_\_\_

Medical problems \_\_\_\_\_

Have any of your *blood* relatives had a history of problems similar to your child? If so describe

\_\_\_\_\_

Have any of your blood relatives had a history of substance abuse problems, anger problems, learning problems, mental illness, or legal problems?

\_\_\_\_\_

\_\_\_\_\_

The following is a list of behaviors/symptoms that children often exhibit at one time or another. please place an “” next to any that your child is currently exhibiting and a “P” next to any that your child has exhibited in the past. When marking symptoms, please mark only those that caused significant distress or that you believe to be atypical when compared to same age peers.

thumb-sucking \_\_\_\_\_ Baby talk \_\_\_\_\_ Preoccupied with food \_\_\_\_\_  
Frequent stomach aches/cramps \_\_\_\_\_ Frequent nausea/vomiting \_\_\_\_\_ \

Frequent temper tantrums \_\_\_\_\_ Overly dependent \_\_\_\_\_ Constipation \_\_\_\_\_

Excessive silliness \_\_\_\_\_ Frequent headaches \_\_\_\_\_

Attention seeking \_\_\_\_\_ Insomnia \_\_\_\_\_

Cries easily/frequently \_\_\_\_\_ Bed wetting \_\_\_\_\_

immature for age \_\_\_\_\_ Frequent nightmares \_\_\_\_\_

eats non-edible items \_\_\_\_\_ Sleepwalking \_\_\_\_\_

overeating \_\_\_\_\_ Preoccupation with sex \_\_\_\_\_

overweight \_\_\_\_\_ Sexually active \_\_\_\_\_

eating binges \_\_\_\_\_ Excessive masturbation \_\_\_\_\_

under eating \_\_\_\_\_ Takes path of least resistance \_\_\_\_\_

Tries to avoid responsibility \_\_\_\_\_ Little response to punishment \_\_\_\_\_

Poor follow-through \_\_\_\_\_ Few friends \_\_\_\_\_



Uncooperative _____	Doesn't seek friend _____
Persistent lying _____	Rarely sought by peers _____
Frequent use of profanity _____	not accepted by peers _____
Truancy from school _____	selfish _____
Runs away from home _____	Doesn't respect rights of others _____
Violent outbursts _____	Self centered _____
Stealing _____	Argumentative _____
Cruelty to animals, children, others _____	Anxiety attacks _____
Destruction of property _____	Lacks common sense _____
Trouble with police _____	Feels persecuted _____
Fire setting _____	Very stubborn _____
Alcohol use _____	Excessive self criticism _____
Drug use _____	Very tense _____
Little or no guilt _____	Nail Biting _____
Head banging _____	Stuttering _____
Hair pulling _____	Depression _____
Poor tolerance of criticism _____	Feelings easily hurt _____
Dissatisfaction with appearance _____	Perfectionist _____
Excessive worrying _____	Little concern for personal hygiene _____
Rapid speech _____	Irritability _____
Preoccupied with certain ideas _____	Excessive desire to please others _____
"Too good" _____	Shy _____
Excessive fears _____	Excessive guilt _____
Low self esteem _____	Flat emotional tone _____
Passive and easily led _____	Hears voices _____
Excessive fantasizing _____	Sees visions _____
Easily taken advantage of _____	

P of N	SYMPTOM	BRIEF DESCRIPTION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**Name of Siblings**

**Age**

**Medical, social, or academic problems**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

List names and addresses of any other professionals consulted

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

How is your child disciplined at home? \_\_\_\_\_

How does your child respond to discipline? \_\_\_\_\_

Please use the remainder of the page and/or the back to add any further information you would like me to know.