



Consultation Clinic Questionnaire

(Please complete and return this form to the front desk for Rebecca prior to the day of your clinic visit)

The purpose of this questionnaire is to assist in making your clinic visit as beneficial to you as possible.

My/our child's name is _____.
_____ (names of adults) will be attending the clinic visit.

Other individuals who live in the home are (please include ages of other children and any special needs they have) _____
_____.

The concern that I/we would like to discuss in clinic is _____

_____.

This concern started (i.e., date, year, ongoing since birth) _____.

This concern affects (i.e., both/only one parent(s), teacher, siblings, friends) _____
_____.

To learn more about the concern or change it I/we have (i.e., read books about the subject, been to a psychologist, used time out, nothing) _____

_____.

If applicable, the strategies above have altered the behavior (i.e., not at all, stopped it but it came back, helped somewhat) _____

My/our goal is _____

Additional information that may be helpful to know is _____
