

Ava Parnass RN MSN CS  
Infant-Child -Family Therapy

**Fill Out Consultation Questionnaire : And Check one:** \_\_\_Phone \_\_\_Manhattan Home Visit or \_\_\_Online

- Who lives in home\_\_\_\_\_
- Age of children \_\_\_\_\_
- Age of Parents (occupation)\_\_\_\_\_
- Caregivers\_\_\_\_\_
- Grandparents\_\_\_\_\_
- Do you have help how often what times and days\_\_\_\_\_ -

**Temperament: What personality - temperament does your child/children have?**

Please circle as for each child

1)Name \_\_\_\_\_Age \_\_\_\_\_

- Alert, sensitive, very active, fussy, easygoing, cries easily, laughs ,fun, happy, stubborn ,cuddly, startles easily, aggressive, shy, avoidant

2)Name \_\_\_\_\_Age\_\_\_\_\_

- Alert, sensitive, very active, fussy, easygoing, cries easily, laughs ,fun, happy, stubborn ,cuddly, startles easily, aggressive, shy, avoidant

3)Name\_\_\_\_\_Age \_\_\_\_\_

- Alert, sensitive, very active, fussy, easygoing, cries easily, laughs ,fun, happy, stubborn ,cuddly, startles easily, aggressive, shy, avoidant

What type of personality do you and your partner have?

1)\_\_\_\_\_2)\_\_\_\_\_

**Parenting style: What type of Parenting do you believe in.**

Positive Parenting, Firm, Easygoing, Controlling , Structured, Time-outs, Yelling, Hitting, Unstructured, Emotional Intelligence, Empathetic, Time-In.

Other \_\_\_\_\_-

Are you and your partner open to learning new things? And whom-where do you like to learn your parenting skills from?

- How involved are the grandparents
- How often do you play & cuddle during day.
- How much time do you devote just to playing with the kids , not including play groups
- How much time does your partner spend with the children. Are you a single parent?
- Do you understand or know how to use-teach feeling words to your kids at this stage?
- What stages & milestones is your child /children up to?
- **Please circle Any changes or stress in the family**, moving, death, divorce, illness, miscarriage, new job, nanny leaving or changing, pregnancy, new baby, postpartum, potty training, starting new school, vacation, substance abuse.
- Please list behaviors you are worried about.

Please indicate how distressing your concern is right now:

1 2 3 4 5 6 7 8 9 10

Mild Moderate Very Extreme Totally upsetting

When did this begin? Give dates if possible:

How have you tried to resolve this concern?

How was that helpful?

What obstacles remain?

**CO 2018**

- Please list things you are proud of that your child-children do.
- List things you love about parenting
- List the thing that is the hardest about parenting.
- **Family history:** Did you and your partner have fond memories of your childhood or do you remember it as difficult. Explain a little.

### Family of Origin History

Number of siblings: Mom \_\_\_\_\_ Dad \_\_\_\_\_ -

Who are you close with and whom do you not get along with and why ?

Parent 1 \_\_\_\_\_ -

Parent 2 \_\_\_\_\_

### Mothers Parents Living? Age, Health, Occupation,

\_\_\_\_\_  
If deceased: What was the age and cause of death?

\_\_\_\_\_  
What was your age at the time of his death?

### Father Parents Living? Age, Health, Occupation,

\_\_\_\_\_  
If deceased: What was the age and cause of death?

\_\_\_\_\_  
What was your age at the time of death?

### Indicate any mental or physical problems in either set of grand parents has/had:

Any early loss or trauma?

## Spiritual History

**Mother** Your religion as a child \_\_\_\_\_ Religion an adult \_\_\_\_\_

**Father** Your religion as a child \_\_\_\_\_ Religion an adult \_\_\_\_\_

## Marriage

How long did you know your spouse before your engagement?

How long were you engaged?

How long have you been married?

Were either of you married before?

If yes, please describe:

If previously married, for how long?

How soon were you remarried?

How would you describe your relationship with your spouse?

Do you have date night?

How do you and your partner respond to change

Are you or your partner pessimistic, optimistic, cautious, risk taker, giver, helper, rigid, easygoing.

Are there any medical issues for the adults in the family?

Any history of anxiety, depression, anger management, weight or substance abuse issues?

Who is important in your children's lives ?

Who puts the kids to bed at night what time?

What is routine, how much time to you take to wind down?

Do you read cuddle, sing, play, talk feelings, other ?

Circle as many as you use: Pacy, doll, music, rocking, patting, singing, bottle, co-sleeping, nursing ,self soothe, rocking, holding, cuddling.

**Any food allergies or sensitivity? Any frequent ear infections , teething?**

Are you nursing and do you supplement with bottle

Please add anything you think is important for me to know to be able to help your family the best I can!

