

# **Maarit Rivers Child Therapist**

## **Parent Interview Form**

Date \_\_\_\_\_

Name of Parent/Carer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Child's name \_\_\_\_\_

Child's D.O.B \_\_\_\_\_ Male or Female \_\_\_\_\_

Is the child on medication? \_\_\_\_\_

Any diagnoses such as ADHD \_\_\_\_\_

Ethnic Origin \_\_\_\_\_ Language of the Family \_\_\_\_\_

How long has the family lived in the area? \_\_\_\_\_

Other Agencies involved with the family? \_\_\_\_\_

What school does the child attend? \_\_\_\_\_

Name of the teacher \_\_\_\_\_

Why have you brought the child here? \_\_\_\_\_

**Family:**       Both parents     Lone parent     Foster parent     Grandparents

Step parent     Child in Care     Other \_\_\_\_\_

What kind of birth did the child have? \_\_\_\_\_

Breast or bottle-fed \_\_\_\_\_

Did mother go back to work, how soon? \_\_\_\_\_

Sisters and brothers and their age \_\_\_\_\_

Who is living at home, (include pets) \_\_\_\_\_

Who has a special relationship with the child? \_\_\_\_\_

Has something really difficult happened to the child? \_\_\_\_\_

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What are the best things that happened to the child? \_\_\_\_\_

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How does the child behave home and with other family members? \_\_\_\_\_

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How does the child behave at school and with friends? \_\_\_\_\_

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What are the child's good points? \_\_\_\_\_

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What does the child do that bothers you? \_\_\_\_\_

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What do you think is the reason for this behaviour? \_\_\_\_\_

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Any other information that you think could be useful. \_\_\_\_\_

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What do you hope will happen when s/he comes here? \_\_\_\_\_

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Parent/ guardian/carer signature \_\_\_\_\_

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Therapist's signature \_\_\_\_\_