

Family Restorations Intake Questionnaire

Email: kklassen@familyrestorations.com

Mail: Dr. Kendra Klassen, 23736 Birtcher Dr., Lake Forest, CA 92630

Spiritual

As a family, how do you define your spiritual belief system?

Church affiliation, if any:

Treatment History

Have you explored past treatment options for yourself or anyone else in the family? Yes No

If no, why not? If yes, what kind, when, for what, and with what results?

Has anyone in the family ever attempted suicide? Yes No

If yes, when and by what method?

Has anyone in the family ever been hospitalized for psychiatric reasons? Yes No

If yes, describe the circumstance (when and why) and length of stay.

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Family History (to be filled out by each parent participating)

Tell us a little about your educational history and current professional or work status?

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Describe your family history (address relationship with parents and siblings, past trauma, losses, etc. Do not be brief; content is important to help you get the most out of treatment. Feel free to continue on a separate page). Include any history of sexual or physical abuse, and any history of illegal drug use or alcohol abuse.

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In general, on a Scale of 1 to 10, with ten being the most stressful, how stressful was the home you grew up in? Why? Specifically, which developmental period was the most difficult (i.e., early childhood, grade school, preteen, teens, 20's, etc.)? Why? (Once again, do not be brief.)

Describe yourself as a child. What messages did you receive from your parents (or other significant caregivers) about yourself (e.g., "you're special," "you're a burden," "you're not important/loveable," etc.). How did you respond to these messages? Do you think they still impact you today? If so, in what way? If not, why not?

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Give an example of a time when you needed comfort as a child. To whom did you turn? How did they comfort you? Did you experience relief or not? If you had to comfort yourself, how did you do this and with what effect?

Describe any serious illness, accidents or surgeries. Any speech or hearing problems, or other impairments? Do you have a heart or other physical condition that might make it difficult to participate in strenuous physical or emotional activity?

Please describe your current emotional state:

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<i>Child's History (filled one sheet per child)</i> <i>Please list their name at the top of each sheet</i>				
DEVELOPMENTAL HISTORY:				
Was pregnancy planned? Yes No				
Describe any stress during pregnancy and/or complications of birth and delivery?				
Describe any postpartum anxiety or depression?				
If mom was working, how soon after birth did she go back to work and under what circumstances?				
Is the child adopted? Yes No				
If Yes, give the age at the time of adoption: Describe all placements/care prior to adoption (e.g., w/ bio family member, foster care, early failed adoption, etc.). What were the circumstances and experiences in care?:				
Age when: crawled: walked: spoke 1st word: spoke 1st sentence: potty trained: Describe any developmental problems/delays?				

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Have there been any physical or emotional separations? (i.e., death, hospitalizations, depression) between child and care taking adult, especially during the first 26 months of life? Yes No

If yes please describe:

Is there, as far as you know, any possible history that could be considered abusive (sexual, physical, verbal, or emotional)? Yes No

If yes please describe:

EDUCATIONAL INFORMATION:

Name of school:

Grade:

Are classes Regular, Special Education, or Gifted? Describe any learning disorders.

Did the child skip a grade or get held back? If so, which one and why?

Describe any problems or concerns regarding school, homework, classroom performance, etc.

MEDICAL INFORMATION:

Describe Nutritional habits of child and general dietary preferences. Does your child drink soda, juice, or caffeine? How often? Eat meat? Prefer fast food, sugar? Etc.

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Does your child have any allergies? Yes No																																																																																																				
If yes, please list and tell how they are being treated.																																																																																																				
Is your child sexually active or demonstrating inappropriate sexual behaviour? Yes No																																																																																																				
If yes, please explain.																																																																																																				
Describe any serious illness, accident, medical trauma or surgery. (e.g., unconscious, high fever, seizures, colic, etc.)																																																																																																				
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Please describe any speech or hearing problems, any physical limitations, and/or any nervous habits.

Has your child ever attempted suicide or been hospitalized for psychiatric reasons? Yes No

If yes, please explain; give method used, and length, date, and reason of stay.

Do you know of (or suspect) the use of illegal drugs, cigarettes, alcohol, or marijuana? If so, about how much and how often, and under what circumstances?

Describe exercise habits, including what kind and how often.

Describe sleep habits. Is it easy to fall asleep? Do they wake often or have nightmares? What are the current sleeping arrangements? Has the child ever slept with a parent? If so, when and for how long? Any bedwetting?

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SOCIAL/EMOTIONAL INFORMATION:
Describe relationships with parents/caregivers and authority figures (e.g., teachers, small group leaders, etc.).
Describe relationships with siblings and peers.
Describe any violent behaviour, cruelty to animals, and/or preoccupation with fire.
Any arrests or probation? Yes No
If yes, please explain.
Describe your child's interests, the activities and types of recreation enjoyed.
Describe your child's strengths and talents, anything they do well.

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Current Concerns

What are the primary areas of concern regarding your FAMILY?

**Please list all medications for your FAMILY: (Name, Dosage, Reason, For whom, Date started)
If you have tried alternate medications and discontinued, please list and explain what happened.**

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Please list 3 goals you would like to see you and your family achieve during your family intensive.

Please list 5 goals you would like to see you and your family achieve over the next year.