
Carol Weingold Zenilman, LCSW-C

1122 Kenilworth Drive, Suite 301
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Fax: 410-814-0397
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Initial Parent Questionnaire

Who may I thank for referring you? _____

Child name: _____ Male/Female DOB: _____

Address: _____

Mother's (Father's) Name: _____ Please circle (Biological, Adoptive, Step Parent)

Best Way to Contact: _____

Address (if different than above): _____

Father's (Mother's) Name: _____ Please circle (Biological, Adoptive, Step Parent)

Best Way to Contact: _____

Address (if different than above): _____

Parent's Marital Status: Please circle (Married, Separated, Divorced, Widowed, Single) If parents are divorced, separated, or single who has legal custody of the child. Please circle (Mother, Father, Mother and Father, Mother and Mother, Father and Father)

Legal Guardian (s) if other than parent: _____

SCHOOL INFORMATION

Name of School: _____ Grade: _____

Previous Schools: _____

Special Services: _____

MEDICAL INFORMATION (Please use back of paper if necessary)

Pediatrician: _____ Phone: _____ Date of Last Exam: _____

Other involved health care /educational professionals: _____

Current Medications: _____

Current Medical Concerns: _____

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Chronic Medical Conditions: _____

Hospitalizations (reason and dates): _____

Has your child received any previous evaluations of interventions (e.g. neurological exams, psycho-educational, psychiatric, speech and language, OT, PT, nutritional ,etc). If so, please provide necessary details and/or bring in copies of the pertinent evaluations. _____

HOUSEHOLD INFORMATION

Name DOB Relationship to Child: _____

Purpose of Consultation (Include child's understanding of reason for consultation): _____

Please share (if comfortable) on this form any other information which you believe would be pertinent to my understanding of your child and my ability to best help? (e.g. trauma, abuse, accidents, death of significant others, child's strengths and interests, family histories of addiction, depression, anxiety, etc, previous experience with counseling/therapy, religious affiliation and beliefs, involvement with legal and/or social service agencies, etc) Please use back of this paper.

Date Completed: _____ Completed by: _____