

Alyza Berman, LCSW
Parent/Guardian Assessment

Name: _____ Education level: _____

D.O.B. _____ Marital Status: _____

Occupation: _____ Children (Names and ages) _____

When did you first notice that your child was having difficulty with an emotional issue/eating disorder/substance abuse?

Please describe the behaviors that you have witnessed and/or suspected with your child. Please differentiate what you have actually seen from what you suspect or have heard from others.

Have you spoken with your child regarding your concerns? If so, how has your child reacted? If you have not spoken, why?

Have others approached you with concerns for your child? If "yes" please list those people, and state their concerns (as stated to you).

What impact, if any, has your child's behaviors had on your current family system? Have you noticed changes within the family system either prior to, or since, the development of your child's emotional/eating/substance issues?

In your opinion, why do you believe your child has developed this issue? Please check all those that apply:

Teasing about appearance ___ problems at school/work ___ media influence ___
Conflicts between you and your spouse ___ conflicts between siblings ___
Puberty and assoc. changes ___ medical reason(s) (illness/operation) ___
depression ___ loss/divorce ___ difficulty coping with stresses ___
obsessive/compulsive tendencies ___ friendship issues ___
leaving home/separation ___ issues with sexuality ___
recommendation of weight loss by parent, physician, coach, other ___
other reason: _____

Please describe the relationship you have with your child:

Please describe the relationship your child has with your partner/spouse and/or other parent:

Please describe the relationship your child has with his/her siblings:

Whose initiative was it to seek out treatment for your child?

How willing are you to become involved in your child's treatment (including family therapy)? Very willing _____ somewhat willing ____ Not at all willing _____
 Please describe your child's developmental milestones, as well as strengths and weaknesses (Socially, academically, physically, emotionally):

Were there other stresses, losses, or difficult experiences that coincided with your child's emotional issues/development of an eating disorder/substance abuse? _____ If so, please explain:

Family History: Please check and note number and relationship of first degree relatives that have experienced the following:

<u>Illness</u>	<u>Number of persons</u>	<u>Relationship to child</u>
Ulcers	_____	_____
Colitis	_____	_____
Asthma	_____	_____
Anxiety	_____	_____
Depression	_____	_____
Bipolar disorder	_____	_____
Alcoholism	_____	_____
Drug addiction	_____	_____
Anorexia Nervosa	_____	_____
Bulimia	_____	_____
Compulsive overeating	_____	_____
Obesity	_____	_____
Diabetes	_____	_____
Obsessive/Compulsive Disorder	_____	_____
Learning Disabilities	_____	_____
Suicide Attempts	_____	_____

Please list any questions you would like to be addressed concerning your child and treatment planning (as well as questions you have regarding eating disorders):
