

BIO MEDICAL QUESTIONNAIRE



1 What current medications is your child prescribed/actively taking?

2 Please include your physician's contact information.

3 Are there any medical concerns your child has?

4 Does client have a history of violent behaviors of any kind? Please note any incidents:

5 Are there any past injuries of note that your child has incurred?

6 Has your child had any hospitalizations? If so, what for?

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FOOD/DIET

Please list any allergies or special diets requested below:

PSYCHIATRIC/PSYCHOLOGICAL

Has your child been diagnosed with any psychiatric disorders? If so when and by whom?

Has your child sought treatment in the past for any psychiatric illness?
If so, when and what facility/therapist did they attend?

Has your child had any legal or law enforcement contact? If so, describe this contact and when was the this?