



## Behavior Evaluation Pre-Appointment Questionnaire

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your name/relationship to patient: \_\_\_\_\_

1. What are your concerns regarding your child's behavior?

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2. Has your child ever been evaluated by another healthcare professional? If yes, by who and what was their diagnosis and treatment?

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3. Has your child's school expressed concern regarding your child's behavior? If yes, explain.

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4. Do you have concerns regarding the child harming him/herself or others?

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5. Current Medication and dosage:

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