



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?

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

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

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

5. Current Medication and dosage:
