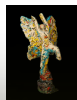


**Pediatric & Family  
Psychology, P.A.**



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**ADULT QUESTIONNAIRE**

General Information

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Working Situation:

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If partnered, for how long: \_\_\_\_\_ If married, since when: \_\_\_\_\_

If separated, divorced or a partner has died, on the back of this page please explain the circumstances, custody & visitation schedule (if any) and communication status between parents.

Please give a brief history below as to when you and your partner or spouse first met, and any relevant information about your years together (what life crises or challenges or joys you both have experienced).

If you have a child or children, please give the age(s), date(s) of birth, grade level in school, significant health, learning problem or emotional history information below:

If you were adopted, please give any relevant information about biological parent history:

Your Family of Origin

Mother's Nickname, Country of Origin and Educational Background:

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Information about her general health, were there any physical, learning or emotional problems?

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Her Religious/Spiritual Affiliation (if any): \_\_\_\_\_

Her work experience (if any outside the home):

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Father's Nickname, Country of Origin and Educational Background:

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Information about his general health, and were there any physical, learning or emotional problems?

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His Religious/Spiritual Affiliation (if any): \_\_\_\_\_

His work experience (if any outside the home):

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Brothers/Sisters:

	Biological?	Married/Partnered?	Health
Name	Yes/No (Explain)	Yes/No	Current Age M/F Status

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Please list anyone else who lived with you or was a memorable caretaker for you as you were growing up:

Name	Current Age	Relationship to You	Health/Problems
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Developmental History (If adopted, please answer to the best of your knowledge):

Were there any illnesses/complications during your mother's pregnancy?

Total number of pregnancies: \_\_\_\_\_

Were there any miscarriages: \_\_\_\_\_ Please explain circumstance(s):

How would you compare yourself with your siblings, if you had any?

During your infant/toddler years, did either parent stay home full or part time?  
If so, please elaborate on the circumstances.

At what age did you go to childcare, preschool or school? What type of situation was this (e.g.,  
home, day care center, etc.)? How many hours per week?

As a toddler or young child did you have any history of emotional or behavioral  
difficulties, such as (please circle):

head banging, breath holding, day soiling, excessive temper, tantrums, irritability,  
obsessive thoughts, a compulsive need to count things or touch them, overly  
aggressive behavior, or difficulty controlling your impulses?

If so, approximately when did this start?

Did you ever:	Age Began	Still Occurring
Hurt yourself in any way (with eating too much or too little, cutting yourself, etc.):	_____	_____
Have excessive sleep problems (either getting to sleep, staying asleep, or with nightmares or night terrors)?	_____	_____

Have excessive bedwetting difficulties? \_\_\_\_\_

Exhibit excessive fears? \_\_\_\_\_

Exhibit excessive fantasizing? \_\_\_\_\_

Intentionally hurt others? \_\_\_\_\_

Have problems going to school? \_\_\_\_\_

Exhibit difficulty paying attention,  
concentrating or with distractibility? \_\_\_\_\_

Exhibit frequent mood changes? \_\_\_\_\_

Exhibit motivational problems? \_\_\_\_\_

Have difficulty with substance abuse?  
(Please explain below) \_\_\_\_\_

Other (please explain): \_\_\_\_\_

School History

High School:

\_\_\_\_\_

College(s)/Graduate School Programs and Degrees Held: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any skipped grades: \_\_\_\_\_ Which grade(s): \_\_\_\_\_

Any repeated grades: \_\_\_\_\_ Which grade(s): \_\_\_\_\_

Favorite subjects:

\_\_\_\_\_

Difficult subjects:

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Did you excel at any sports, have special creative music, dance or art talent, etc?

Did you participate in special education or learning resource classes? If so, please describe the type of services provided:

Medical/Mental Health History

Did you have any serious accidents/injuries/illnesses involving such things as (circle): Convulsions, high fevers, loss of consciousness, fainting, headaches, allergies, chronic fatigue, head injuries, ear problems, meningitis? Please explain:

Did you ever require hospitalization or have been treated for serious illness or disease? If so, please explain:

Current Internist/Family Practitioner's name and name of practice:

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Address and Phone Number: \_\_\_\_\_

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When was your last complete physical? \_\_\_\_\_

Do you currently have any health problems?

Are you currently on any medications, herbs or vitamin regimens? If so, please detail here:

Have you, your partner/spouse or children ever previously seen a therapist? If so, at what age(s)? Whom did you or they see and for what reason? About how many meetings did you have? Was the experience helpful?

Has your child ever been evaluated by a psychologist privately or through the school system? If so, when, and by whom?

If so, what do you remember of the results/recommendations?

Have you ever been molested or physically, emotionally or sexually traumatized? If so, would you give whatever details you believe would be relevant to my understanding of your life?

Please list any significant life traumas:

List any significant and positive life influences:

Who are you most like, in your family?

With whom do you share secrets, worries, or feelings?

How do you best motivate yourself?

What are your hobbies and interests?

What are your main concerns for yourself?

What kind of help do you expect from me in terms of our working together?