



7826 Cooper Road Cincinnati, Ohio 45242 Phone (513) 984-1000 Fax (513) 985-2182

CHILD AND ADOLESCENT QUESTIONNAIRE

We are looking forward to working with you and your child. This questionnaire, which is divided into key areas about your child's life, will help us explore how to help achieve your goals. Please provide any additional information that may be relevant (such as copies of previous evaluation results, etc...).

Your responses are confidential. Information is released from The Affinity Center only with your expressed written consent.

<PLEASE PRINT>

Today's Date: _____

How did you hear about the Affinity Center? _____

IDENTIFYING INFORMATION

IDENTIFYING INFORMATION		
Child's Name	Date of Birth	Age
Parent's Names:	Parents are <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other (explain) _____	

Why are you coming to The Affinity Center?

Please tell us up to three of the questions or concerns you would like us to help with.

Question 1:

Question 2:

Question 3: