

# Child Guidance Clinic

## Child's particulars

TO BE COMPLETED  
BY PARENT

### Part A

Stick patient's label here

01. Age of child: \_\_\_\_\_

02. School: \_\_\_\_\_

03. Education level: \_\_\_\_\_

Class: \_\_\_\_\_

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04. Source of referral:   
 1  Self   
 2  School   
 3  Doctor   
 4  Others (please specify) \_\_\_\_\_

05. Reason for referral:   
 1  Learning problems   
 2  Behavioural problems   
 3  Family/emotional problems   
 4  Psychiatric problems   
 5  Others (please specify) \_\_\_\_\_

06. Accommodation:   
 1  HDB   
 2  Private apartment   
 3  Private house   
 4  Rental   
 5  Others (please specify) \_\_\_\_\_

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### 07. Other agencies/hospital that child has gone to

Problems	Agency/hospital	Age of child

# Adults' particulars

**Father / Guardian**

**Mother / Guardian**

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

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

**08. Age:** \_\_\_\_\_

**14. Age:** \_\_\_\_\_

**09. Ethnicity:**

- Chinese
- Malay
- Indian
- Others (specify)

\_\_\_\_\_

**15. Ethnicity:**

- Chinese
- Malay
- Indian
- Others (specify)

\_\_\_\_\_

**10. Marital status**

- Married to patient's birth mother
- Single
- Divorced/Separated
- Widowed
- Deceased

**16. Marital status**

- Married to patient's birth father
- Single
- Divorced/Separated
- Widowed
- Deceased

**11. Education level**

- Primary or below
- Secondary / vocational
- Pre-university/ polytechnic
- University/ postgraduate
- Other \_\_\_\_\_

**17. Education level**

- Primary or below
- Secondary / vocational
- Pre-university/ polytechnic
- University/ postgraduate
- Other \_\_\_\_\_

**12. Occupation**

- Managerial / professional
- Executive / sales
- Clerical / technical
- Self-employed
- Not working
- Retired
- Other \_\_\_\_\_

**18. Occupation**

- Managerial / professional
- Executive / sales
- Clerical / technical
- Self-employed
- Not working
- Retired
- Other \_\_\_\_\_

**13. Religion**

- Buddhist/ Taoist
- Christian/ Catholic
- Muslim
- Hindu
- Free thinker
- Other \_\_\_\_\_

**19. Religion**

- Buddhist/ Taoist
- Christian/Catholic
- Muslim
- Hindu
- Free thinker
- Other \_\_\_\_\_

**Contact Numbers**

(H) \_\_\_\_\_  
(Hp) \_\_\_\_\_  
(O) \_\_\_\_\_

**Contact Numbers**

(H) \_\_\_\_\_  
(Hp) \_\_\_\_\_  
(O) \_\_\_\_\_

20. Children and adults living with your child		
Name	Relationship (eg. father, stepbrother, adopted sister, grandfather, twin brother, etc.)	Age

**Does your child live with you?**

- Yes
- No

**Part B**

These questions are about your child's background and general health. For each question, please cross  the most accurate answer.

**Family information**

01. What is your relationship to the child?

- Natural mother
- Natural father
- Adoptive mother
- Adoptive father
- Stepmother
- Stepfather
- Foster mother
- Foster father
- Other (female). Please specify: \_\_\_\_\_
- Other (male). Please specify: \_\_\_\_\_

02. What is your spouse/partner's relationship to the child?

- Natural mother
- Natural father
- Adoptive mother
- Adoptive father
- Stepmother
- Stepfather
- Foster mother
- Foster father
- Other (female). Please specify: \_\_\_\_\_
- Other (male). Please specify: \_\_\_\_\_

03. How many children live in your home? \_\_\_\_\_

04. How many people live in your home? \_\_\_\_\_

05. Who is the main caregiver of your child?

- Parent
- Grandparent
- Sibling
- Relatives
- Foster parent
- Domestic maid
- Daycare service provider

06. What is your child's position (birth order) in the family? (e.g. Eldest child, third child, etc) \_\_\_\_\_
07. Before the age of 3, has your child ever lived away from you for a long period of time? If yes, how long?  
 1  Yes (How long? \_\_\_\_\_)  
 2  No
08. Which language is most often spoken at home?  
 1  English  
 2  Mandarin/dialect  
 3  Malay  
 4  Tamil/ other Indian language  
 5  Others (Please specify: \_\_\_\_\_)

### Development

09. Were there any difficulties during the pregnancy of your child?  
 1  Yes (Please specify: \_\_\_\_\_)  
 2  No  
 3  Don't know
10. Was your child born full-term?  
 1  Yes.  
 2  No, my child was born premature. Duration of pregnancy : \_\_\_\_\_ months.  
 3  Don't know
11. Were there any difficulties at the time of delivery?  
 1  Yes (Please specify: \_\_\_\_\_)  
 2  No  
 3  Don't know
12. At what age did your child take his/her first 5 steps without any help?  
 1  Less than 1 year  
 2  1 – 1 ½ years  
 3  1 ½ - 2 years  
 4  More than 2 years  
 5  Don't know
13. At what age could your child say at least 3 words in a phrase for the first time?  
 1  Less than 1 year  
 2  1 – 1 ½ years  
 3  1 ½ - 2 years  
 4  More than 2 years  
 5  Don't know
14. Did you ever worry that your child was slow to develop in any way?  
 1  Yes                      2  No                      3  Don't know
15. Did anyone else think that your child was slow to develop?  
 1  Yes                      2  No                      3  Don't know
16. Has your child had any learning problems?  
 1  Yes                      2  No                      3  Don't know
17. Does your child have any speech difficulties such as stuttering or mispronouncing words?  
 1  Yes                      2  No                      3  Don't know

18. Does your child have any difficulties expressing him/herself, producing sentences or carrying out a conversation?

Yes

No

Don't know

### Medical

19. Has your child ever had:

a head injury with loss of consciousness

a burn requiring admission to hospital

an accidental poisoning requiring admission to hospital

an accident causing broken bones or fractures

none of the above.

20. The following is a list of health problems that some children have. Please indicate if your child has ever had or is having any of them.

Allergies to \_\_\_\_\_

Heart problem

Epilepsy/convulsions or seizures without fever

Cerebral palsy

Diabetes

Mental retardation

Developmental delay or lag

Clumsiness or difficulties with co-ordination

Others. (Please. specify: \_\_\_\_\_)

None of the above.

21. Does your child have any condition/ health problem which prevents or limits his/her participation in school, at play or any other activity?

Yes. (Please specify: \_\_\_\_\_)

No

22. Does your child have visual problems?

Yes. (Please specify: \_\_\_\_\_)

No

23. Does your child have hearing problems?

Yes. (Please specify: \_\_\_\_\_)

No

24. In the last 6 months, how many times has your child been to the hospital emergency (A&E) room? \_\_\_\_\_

25. Is your child taking any prescribed medication?

Yes. (Please specify: \_\_\_\_\_)

No

### Emotional and behavioural

26. In the last 4 years, has your child seen a psychiatrist, psychologist, or counsellor on a regular basis?

Yes.

These visits were for:

emotional or behavioural problems

learning problems

speech or language problems

any other reasons (Please specify: \_\_\_\_\_)

No.

## Life events

27. Please indicate whether the following has happened to you or any member of your household in the past 12 months (mark all answers that apply).

- 1 Stopped full-time schooling
- 2 Lost job or was unemployed
- 3 Got married
- 4 Someone moved into our home
- 5 Had financial problems
- 6 My spouse and I separated
- 7 Arrival of baby at home
- 8 Someone moved out of our home
- 9 Serious illness
- 10 Serious illness of relative or close friend
- 11 Quit or retired from full-time work
- 12 Started working or changed job
- 13 Death of a relative or close friend
- 14 Moved home
- 15 None of the above

28. When you had disagreements with your spouse, you resolved it by:

- 1 Discussing calmly
- 2 Raising voices and yelling at each other
- 3 Refusing to talk
- 4 Insulting or swearing
- 5 Crying
- 6 Leaving the room or house to avoid continuing the argument
- 7 Smashing or throwing objects around (but not at spouse)
- 8 Threatening to hit or injure spouse
- 9 Hitting or trying to injure spouse
- 10 Using other ways. (Please specify: \_\_\_\_\_)

29. When your child has done something wrong, you:

- 1 Reason with your child
- 2 Send your child to his room
- 3 Spank your child with your hand
- 4 Cane or hit child with an object
- 5 Take away your child's privileges
- 6 Shake or shove your child
- 7 None of the above. I try other methods.  
(Please specify: \_\_\_\_\_)

30. In general, how would you say things are for you at this point in time?

- 1 Very good. Everything is going on well.
- 2 O.k. I can still cope with events in my life.
- 3 Not too good. I am struggling to cope with events in my life.

31. How about for your partner?

- 1 Very good. Everything is going on well.
- 2 O.k. He/She can still cope with events in his/her life.
- 3 Not too good. He/She is struggling to cope with events in his/her life.
- 4 Don't know.

32. Have you or any of your family members seen a psychiatrist before?

- 1 Yes.
- 2 No, none of us have seen a psychiatrist before.

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**Thank you for taking the time to complete this form. We assure you that the information you give us will be kept confidential.**