

Dr. David Templeman B.Sc. MD FRCPC DCAP

Child and Adolescent Psychiatry

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Dear parents/caregivers:

Your child has been referred to me by your GP/Paediatrician for an assessment of their emotional and/or behavioural development. **I will be seeing your child for a ONE-TIME consultation only.** After I see them, I will send a written report to the referring doctor (it takes about 2-3 weeks to get there) with my opinion on what's going on (diagnosis) and my recommendations. **Follow-up will be with the referring doctor.** I do not see patients more than once. When you come to the appointment, it is best if both parents come. DO NOT bring any other children to the appointment.

The questionnaire that follows **MUST BE COMPLETED AND SUBMITTED TO MY OFFICE IN ORDER TO HAVE AN APPOINTMENT SCHEDULED.** Whenever possible, the intake questionnaire should be filled out by **both parents together.**

As part of the assessment process, I need you to spend some time to **record some videos** of the behaviours that you are concerned about (i.e. tantrums, odd movements, odd behaviours, their interactions with others or lack of, how they communicate and react to you, or don't, how they play with you or respond when you try to talk to them, or don't, etc.). Once you have the videos, put them on google drive or any other file-share program and send me the link to share them with me at dr.templeman@gmail.com. If the videos are longer than a minute or two in length, please make a note of the time stamp during which the behaviours are occurring. You can send me the videos anytime, just be sure that I receive them **at least 72 hours before the assessment** so that I have time to watch them.

If I do not receive anything from you by 48 hours (2 working days) before your scheduled assessment, your assessment will be cancelled and you will have to reschedule it for a later date.

If you are unable to keep your appointment, **48 HOURS NOTICE (2 WORKING DAYS - EXCLUDING WEEKENDS)** is required. Missed appointments are not paid for by OHIP and will be billed directly to you (\$300.00). If an assessment is missed, I will not reschedule it until the fee is paid in full.

Sincerely,



Dr. David Templeman B.Sc. MD FRCPC DCAP
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PARENT/CAREGIVER QUESTIONNAIRE

This form was completed by: _____ on _____
(your name) (date)

Relationship to the child:

☐ Biological Parent

☐ Other: _____ → how long have you known this child? _____
(please describe)

In your own words, please describe the main reason for this assessment (i.e. what are your concerns?)

Social History

Child's Name: _____ Gender: _____ Age: _____ Date of Birth: ____/____/____
day month year

Mother's Name: _____ Age: _____ Father's Name: _____ Age: _____

Address: _____ Postal Code: _____ Phone #: _____

Parent/caregiver's e-mail: _____

Who lives in the home?

☐ MOM ☐ DAD

☐ Step-Parent: _____

Siblings: _____
Name Age Name Age Name Age

_____ Age _____ Age _____ Age
Name Name Name Name

Others: _____

School: Currently Attending: _____ Grade: _____

Are they working at grade level? ☐ YES ☐ NO → How far behind are they? _____

How many different schools have they gone to so far? _____

Is religion an important part of your family's values? ☐ NO ☐ YES → Religious Denomination: _____

Family History of Mental Health Problems

	Addictions	Violent/aggressive Criminal	Learning Disabilities	Anxiety / OCD / Panic	Mood	Bipolar	Autism	Tourette's tics	Personality Disorders	ADHD
Mother										
her parents										
her siblings										
Father										
his parents										
his siblings										
Child's Sibling 1										
Child's Sibling 2										
Child's Sibling 3										
Child's Sibling 4										

Medical problems: [chronic or serious **physical** health problems]

_____ ☐ PAST ☐ CURRENT _____ ☐ PAST ☐ CURRENT
_____ ☐ PAST ☐ CURRENT _____ ☐ PAST ☐ CURRENT

Has the child ever had: Seizures ☐ YES ☐ NO Heart Problems ☐ YES ☐ NO Concussions ☐ YES ☐ NO

What medication(s) are they currently taking (name and dose)

1) _____ What's it for? _____ When was it started? _____
2) _____ What's it for? _____ When was it started? _____
3) _____ What's it for? _____ When was it started? _____

What meds were tried on in the past?

What did it help with?

Why was it stopped?

What medication(s) are they allergic to? _____

Early Developmental History

Pregnancy

Was the pregnancy intentional?	YES	NO	How old was the mother at the time? _____ How old was the father at the time? _____
Did the mother use any drugs or substances during the pregnancy?			Smoked/vaped marijuana/cannabis
			Drank alcohol
			Used stimulants or uppers like meth, MDMA, cocaine, etc.
			Used depressants or downers like Opioids, benzos, H, K, etc.
			Used hallucinogens like LSD, mushrooms, MDMA, etc.

Delivery

Was the child born premature (<36 weeks)			If YES, how early? _____
Did anything go wrong <i>after</i> they were born?			Did they need to stay in the hospital for more than 1-2 days?
			Did the mother have Post-Partum depression?

Social History

Are the child's parents still together?			If NO, how old were they (the child) when the parents split up?	
Have they (the child) been physically abused?			If YES, how old were they when it happened?	
Have they (the child) been sexually abused?			If YES, how old were they when it happened?	
Is CAS involved with the family right now?			If YES, why?	
Has CAS <u>ever</u> been involved with the family ?			If YES, why?	
Has the child ever been in foster care?			If YES, how many different homes were they in?	

BEHAVIOURAL CONCERNS

CHILD'S FULL NAME First Middle Last			PARENTS' USUAL TYPE OF WORK, even if not working now. (Please be specific — i.e. mechanic, high school teacher, homemaker, construction, doctor, salesman, military, general labourer, IT, etc.)
CHILD'S GENDER ☐ Boy ☐ Girl	CHILD'S AGE	CHILD'S ETHNIC GROUP OR RACE	
TODAY'S DATE DD ____ MM ____ YY ____		CHILD'S BIRTHDATE DD ____ MM ____ YY ____	FATHER'S HIGHEST EDUCATION COMPLETED: _____
Please fill out this form to reflect <i>your</i> view of the child's behavior even if other people might not agree.			MOTHER'S HIGHEST EDUCATION COMPLETED: _____

Below is a list of items that describe children. For each item that describes the child ***now or within the past 3 months***, please mark the **2** if the item is ***very true or often true*** of the child. Mark **1** if the item is ***somewhat or sometimes true*** of the child. Mark **0** if the item is ***not true*** of the child. Please answer all items as well as you can, even if some do not seem to apply to the child.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

- | | | | | | | | | | | | |
|---|---|---|-----|--|--|---|---|---|-----|--|--|
| 0 | 1 | 2 | | | | 0 | 1 | 2 | | | |
| 0 | 1 | 2 | 1. | Avoids looking others in the eye | | 0 | 1 | 2 | 24. | Doesn't know how to have fun; acts like a little adult | |
| 0 | 1 | 2 | 2. | Can't concentrate, can't pay attention for long | | 0 | 1 | 2 | 25. | Doesn't seem to feel guilty after misbehaving | |
| 0 | 1 | 2 | 3. | Can't stand having things out of place | | 0 | 1 | 2 | 26. | Easily jealous | |
| 0 | 1 | 2 | 4. | Can't stand waiting; wants everything now | | 0 | 1 | 2 | 27. | Eats or drinks things that are not edible (describe): | |
| 0 | 1 | 2 | 5. | Chews on things that aren't edible | | | | | | | |
| 0 | 1 | 2 | 6. | Clings to adults or too dependent | | 0 | 1 | 2 | 28. | Fears certain animals, situations, or places (describe): | |
| 0 | 1 | 2 | 7. | Constantly seeks help | | | | | | | |
| 0 | 1 | 2 | 8. | Constipated, or refuses to poop (when not sick) | | 0 | 1 | 2 | 29. | Feelings are easily hurt | |
| 0 | 1 | 2 | 9. | Cries a lot | | 0 | 1 | 2 | 30. | Gets hurt a lot, accident-prone, clumsy | |
| 0 | 1 | 2 | 10. | Cruel to animals | | 0 | 1 | 2 | 31. | Gets into fights (physical) with children their age | |
| 0 | 1 | 2 | 11. | Defiant | | 0 | 1 | 2 | 32. | Gets into everything | |
| 0 | 1 | 2 | 12. | Demands must be met immediately | | 0 | 1 | 2 | 33. | Gets too upset when separated from parents | |
| 0 | 1 | 2 | 13. | Destroys his/her own things when angry | | 0 | 1 | 2 | 34. | Has trouble falling asleep | |
| 0 | 1 | 2 | 14. | Destroys things belonging to his/her family or other children when angry | | 0 | 1 | 2 | 35. | Complain of headaches (without medical cause) | |
| 0 | 1 | 2 | 15. | Can't sit still, restless, or hyperactive | | 0 | 1 | 2 | 36. | Hits others without provocation | |
| 0 | 1 | 2 | 16. | Doesn't want to cuddle or be affectionate | | 0 | 1 | 2 | 37. | Refuses to apologize to others | |
| 0 | 1 | 2 | 17. | Disobedient | | 0 | 1 | 2 | 38. | Hurts animals or people without meaning to | |
| 0 | 1 | 2 | 18. | Disturbed by any change in routine | | 0 | 1 | 2 | 39. | Looks unhappy for no reason most of the time | |
| 0 | 1 | 2 | 19. | Doesn't want to sleep alone | | 0 | 1 | 2 | 40. | Angry moods | |
| 0 | 1 | 2 | 20. | Doesn't answer when people talk to him/her | | 0 | 1 | 2 | 41. | Nausea +/- vomiting (without medical cause) | |
| 0 | 1 | 2 | 21. | Picky eater (describe): | | 0 | 1 | 2 | 42. | Repetitive movements or tics (describe): | |
| | | | | | | | | | | | |
| 0 | 1 | 2 | 22. | Doesn't want to leave the house | | 0 | 1 | 2 | 43. | Nervous, high-strung, or tense | |
| 0 | 1 | 2 | 23. | Doesn't get along with other children their age | | 0 | 1 | 2 | 44. | Complains of nightmares or bad dreams a lot | |

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

0	1	2		0	1	2	
0	1	2	45. Shows panic for no good reason	0	1	2	64. Speech problem (describe):
0	1	2	46. Physically attacks people when angry				
0	1	2	47. Look at things in odd ways (too close, to the side, squinty-eyed, etc.) (describe):	0	1	2	65. Stares into space or zones out
				0	1	2	66. Stomach-aches or cramps (no medical cause)
0	1	2	48. Punishment doesn't change his/her behavior	0	1	2	67. Mood can shift between happy and angry/sad in less than a second (literally)
0	1	2	49. Quickly shifts from one activity to another	0	1	2	68. Strange behavior (describe):
0	1	2	50. Refuses to share with family				
0	1	2	51. Refuses to play active games	0	1	2	69. Stubborn, sullen, or irritable
0	1	2	52. Repeatedly rocks head or body	0	1	2	70. Can't stand getting dirty
0	1	2	53. Doesn't sleep through the night	0	1	2	71. Temper tantrums when things don't go their way
0	1	2	54. Screams a lot for no reason (when not angry)	0	1	2	72. Too concerned with neatness or organizing
0	1	2	55. Seems unresponsive to affection	0	1	2	73. Too fearful or anxious
0	1	2	56. Self-conscious or easily embarrassed	0	1	2	74. Uncooperative
0	1	2	57. Selfish or won't share with other children their age	0	1	2	75. Unusually loud when talking
0	1	2	58. Shows little affection toward people	0	1	2	76. Upset by new people or situations
0	1	2	59. Shows little interest in things around him/her	0	1	2	77. Wanders away
0	1	2	60. Shows too little fear of getting hurt	0	1	2	78. Wants a lot of attention
0	1	2	61. Too shy or timid	0	1	2	79. Withdrawn, doesn't get involved with others
0	1	2	62. Sleeps less than most kids during day and/or night (describe):	0	1	2	80. Easily frustrated
0	1	2	63. Smears or plays with bowel movements				

Developmental Abilities

This next part of the questionnaire contains statements that describe different skills and behaviours of children in various domains of development. It is perfectly normal for children to have a wide range of things that they are good at and things that they are not so good at, compared to others of the same age. For each skill/behaviour listed below, **report how you feel that your child does (their level of ability) compared to other children of the same age (peers).** Are they much **WORSE** than peers or do **LESS** of those behaviours, about the **SAME** as peers, or much **BETTER** than peers or do **MORE** of those behaviours. If it's only a little better/more or a little worse/less, then that's about the **SAME**. Some of the skills listed will be things that your child cannot do yet due to their age, and this will be the **SAME** as other children their age.

Base your answers on your experience with your child over the last 2 months.

Gross Motor Skills

Learning new motor skills (big body movements like a somersault or climbing).
 Being careful when moving (i.e. Not clumsy, tripping or always bumping into things).
 Running smoothly without falling.
 Kicking a ball.
 Throwing and catching a beach ball (with two hands).
 Pedalling a tricycle or pushing themselves on a 3-wheeled scooter.
 Coordination in general.
 Balance in general.

Fine Motor Skills

Using a spoon without spilling.
 Building tall, balanced towers out of blocks.
 Twisting off lids or opening things like snacks, bags, or wrapped things
 Using scissors to cut paper.
 Using, assembling and handling small objects (like Lego or puzzles).
 Buttoning buttons or doing up zippers when getting dressed.
 Drawing with a pencil/pen.
 Using a video game controller or a mouse.

Attention & Concentration

Staying focussed on an activity (i.e. Not wandering off in the middle of it).
 Finishing crafts, games, puzzles or activities they wanted to do in the first place.
 Listening to what someone says to them.
 Problem solving (i.e. Figuring out how to do something they want to do)
 Being organized, putting things where they belong.
 Keeping track of where their favourite things are
 Being neat and tidy, keeping things / themselves clean

Activity Level & Patience

Sitting still and keeping their body calm when they should
 Playing in a calm and peaceful manner
 Being patient and waiting to talk instead of interrupting adults' conversations.
 Being patient and waiting their turn when playing with peers or siblings
 Starting tasks or activities in a timely manner
 General level of energy throughout the day
 Responding to environmental stimuli appropriately (i.e. Not be "in their own world")

Perception

Having a good sense of direction i.e. Knows how to get somewhere, notices if you aren't going the usual way

Imitating the movements of others

Overreacting to sensory experiences (Sound, taste, smell, temperature, pain)

Underreacting to sensory experiences (Sound, taste, smell, temperature, pain)

Reacting with fear in unexpected situations (to small heights, bathrooms, people in costumes, toys, etc.)

Memory

Remembering names of friends/peers that they've met

Remembering names (matched to faces) of relatives they see regularly

Remembering specific events from their past

Remembering new songs or games they learned

Remembering how to play (the rules of) a game after two or more weeks of not playing it

Remembering instructions you have given them for tasks or chores

Remembering where they put something down

Remembering where things go when putting stuff away

Remembering activities that were told about more than one day ago

Remembering steps for daily routines, such as bedtime or getting dressed

Remembering what they were doing and resume an activity after an interruption of at least 30 minutes

Remembering and retelling what they did today

Remembering more significant events from the past year such as family vacations or unusual experiences they've had

Remembering events from more than a year ago

Remembering very specific, minor details of events from the past (i.e. What someone was wearing, what day of the week it was, etc.)

Language Use and Comprehension

Understanding what people say to them

Answering questions with the correct information if they know it, or by saying "I don't know" when they don't

Repeating random sounds over and over (i.e. Hums, squeals, bark, meow, mouth noises)

Repeating random words or sentences out of context

Repeating what they just heard someone else say, word for word or repeating what they just said, word for word

Speaking / pronouncing words such that parents understand them

Speaking / pronouncing words such that strangers understand them

Speaking / pronouncing words such that peers can understand them

Understanding simple, one step instructions

Understanding simple, 2 to 3 step instructions

Explaining clearly what they want you/others to do

Understanding a story that they were told

Retelling a story to others, without forgetting the important parts

Understanding words that reference timelines (i.e. Before, then, after, soon, in a minute, next week, last year, etc.)

Accurately using words that reference timelines

Understanding descriptive quantity-related words (i.e. A bunch, a couple, a few, lots, more, less, too much, enough, etc.)

Accurately using quantity-related words

Being very precise in their choice of quantity or numerical words (i.e. "it's 7:59!", "it's been 32 seconds already", "I have 17 stuffies")

Understanding when someone is joking around or pretending (i.e. "I'm going to eat you!")

Joking around or engaging in pretend play appropriately

Using enough words to communicate their wants/needs effectively

Adjusting the volume of their voice appropriately (i.e. Not too loud or too quiet)

Having a back-and-forth conversation with others

Contributing to a conversation with appropriate/relevant information

Saying what they want to say without having to repeat words/sentences

Using a tone of voice that is appropriate to the situation

Understanding emotion related words (i.e. Happy, sad, scared, worried, embarrassed, frustrated, love, like, hate, etc.)

Using emotion related words to label their own emotions, accurately

Speaking at a normal rate (i.e. Not too fast or too slow)

Non-Verbal Communication

Pointing to things accurately with their index finger

Easily following your pointing finger to an object to look at or to get

Nodding appropriately (i.e. When they are saying yes or meaning yes)

Shaking their head appropriately (i.e. When saying or meaning No)

Using hand gestures properly (i.e. Waving, thumbs up, so-so, come here, etc.)

Understanding hand gestures from others

Using facial expressions properly

Understanding others' facial expressions

Learning

Memorizing and retelling facts/information

Generalizing skills learned (i.e. Using manners learned at home when visiting other people's homes)

Having exceptional knowledge/skill in some areas of interest (i.e. Puzzles, baseball, dinosaurs, trains, coding, art, music, etc.)

Social Skills

Defying authority figures

Participating well in group activities with peers

Sharing well with others

Initiating greetings and goodbyes (says Hi & Bye first to people)

Reciprocating greetings and goodbyes from others (says Hi & Bye after others say it first)

Bullying or being mean to other children

Being bossy with peers

Being bossy with adults

Demonstrating kindness and empathy for peers

Being thoughtful and considerate of others who are not present

Following the rules that are explicitly stated

Policing other children to ensure they are following the rules

Apologizing when it is appropriate to do so

Standing up for themselves when it is appropriate to do so

Standing up for others when it is appropriate to do so

Suggesting fair compromises to others (to resolve conflict/disagreement)

Accepting fair compromises others have suggested

Initiating play with peers

Having to be first / making everything a competition

Joining into already established peer activities/games appropriately

Following the group (i.e. Doing what their peers are doing)

Understanding stranger danger

Understanding others personal space

Communicating with eye contact and understanding what different 'looks' mean

Spontaneously demonstrating too much affection to others (i.e. Hugging strangers or peers who don't want a hug, etc.)

Reciprocating affection appropriately (i.e. Hugging you back, saying I love you too, etc.)

Asking for help in appropriate situations (i.e. Not too dependent or too independent)

Emotion Regulation

Gets angry very easily
 Physically attacks family when angry
 Physically attacks peers when angry
 Physically attacks other adults when angry
 Destroys things when angry
 Cries very easily
 Acts very stoic when they get hurt physically or emotionally (refuses to cry or show emotional reactions when it is appropriate to do so)
 Seeks comfort from parents when hurt or upset
 Accepts comfort from parents when hurt or upset
 Worries more than they should
 Becomes very upset with small changes
 Becomes emotionally attached to odd things (old shoes, a stick, etc.)
 Holds a grudge against others that have wronged them in the past

If you could pick only one thing to fix or change for them today, what would it be?

What is the one thing that they do that brings you the most joy?

When you think about your child and their behaviours (not appearance), which family member/relative do they remind you of the most?