



Kaplan Barron Pediatric Group

a division of ONE Pediatrics

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PEDIATRIC BEHAVIORAL CONSULTATION PACKET

Child's Name: _____

Filled out by: _____

PARENTAL QUESTIONNAIRE

Describe the problem(s): _____

How have you tried to work this out? _____

List any other professionals you have consulted, for example: psychologists, psychiatrists, neurologist, counselors, or previous medications or hospitalizations. _____

SCHOOL OR DAYCARE EXPERIENCE

Present School _____

Grade _____

Teacher _____

How is school going this year? _____

What are your child's strengths and weaknesses in school? _____

Have any grade been repeated? Yes No Which grade? Why?

Has your child been tested by the school or a psychologist for leaning problems? Yes No When?

Does the child receive special services, i.e. speech, physical or occupational therapy? _____

How well does your child interact with other children? _____

Who in your family does your child remind you of, and why? _____

Other Comments: _____
