

# Freehold Child Diagnostic Center, Inc.

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*Diplomate: American Board of Psychiatry & Neurology*

*In the Specialty of Psychiatry & Medical Subspecialty of Child & Adolescent Psychiatry*

*Diplomate: American Board of Addiction Medicine*

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Please provide the following information about your child:

Childs Full Name: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Behavioral Excesses: What does your child do too often or at the wrong times that gets him/her in trouble? Please list all the behaviors you can think of.

Behavioral Deficits: What does your child fail to do as often as you would like, as much as you would like or when you would like? Please list all the behaviors you can think of.

Behavioral Assets: What does your child do that you like? What does he/she do that other people like?

Other Concerns: Do you have any other concerns about your child or your family that you have not mentioned yet?

Treatment Goals: What problem behaviors do you want to see change first: and how much must they change for you to be satisfied?

Family History:

Name of the child's biological parents:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Who has legal guardianship of your child?

Who does your child currently live with?

<u>Names</u>	<u>Ages</u>	<u>Relationship to child</u>

Who are your child's significant others NOT living with your child?

<u>Names</u>	<u>Ages</u>	<u>Relationship to child</u>

Please describe any past counseling that either your child or any family member has had.

Does anyone in the child's family use currently (or in the past) any type of drug, tobacco or alcohol?  
\_\_\_\_\_ If yes, please describe:

**Education History:**

What school does your child attend?

Current Grade: \_\_\_\_\_

What does your child's teacher say about him/her?

Has your child ever received special education services?

Has your child experienced any of the following problems at school?

- |                     |                       |                        |             |
|---------------------|-----------------------|------------------------|-------------|
| Fighting            | Lack of Friends       | Drug/Alcohol Detention |             |
| Suspension          | Learning Disabilities | Poor attendance        | Poor grades |
| Incomplete homework | Behavior Problems     | Socialization Issues   |             |

**Medical History:**

Child's Medical Doctor:

Did the child's mother have any problems during pregnancy or delivery? If so explain:

Has your child experienced any of the following medical problems?

- |                    |                       |          |                  |
|--------------------|-----------------------|----------|------------------|
| A serious accident | Hospitalization       | Surgery  | Asthma           |
| Head Injury        | High Fever            | Seizures | Eye/ear problems |
| Allergies          | Loss of consciousness | Other    |                  |

List current medical problems or physical handicaps:

List any medications your child takes on a regular basis:

**Other History:**

Has your child even made statements of wanting to hurt him/herself or seriously hurt someone else?

Has your child experienced any type of abuse (physical, sexual or verbal) If so describe:

Has your child ever experienced any serious emotional losses (death or physical separation from parent or caretaker)? If yes, please explain:

Finally, what are some of the things that are currently stressful to your child and his/her family?