



## Pediatric and Adolescent Disordered Eating and Eating Disorder Clinic Parent/Caregiver Intake Questionnaire

Before we see your child for an eating disorder consultation, it is important to gather specific information about your child, the behaviors you are observing, and specifics about your family history. This information is required for your child's intake appointment and should be brought to your child's first visit.

Child's name: \_\_\_\_\_ Child's birth date: \_\_\_\_\_  
Mom's name: \_\_\_\_\_  
Dad's name: \_\_\_\_\_  
With whom does your child live? \_\_\_\_\_  
Name of school: \_\_\_\_\_ Grade: \_\_\_\_\_  
Guidance counselor: \_\_\_\_\_

### Weight and Growth History

When did you become concerned about your child's weight?

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What changes have you noticed in your child's eating habits?

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Does your family follow a vegetarian diet? \_\_\_\_\_

Is your child a vegetarian? \_\_\_\_\_

What foods that they used to enjoy are they now refusing to eat? \_\_\_\_\_

Do you know your child's current weight? \_\_\_\_\_ Current height? \_\_\_\_\_  
What was your child's highest weight? \_\_\_\_\_ How long ago? \_\_\_\_\_  
What was your child's lowest weight? \_\_\_\_\_ How long ago? \_\_\_\_\_

Has your child experienced any signs of puberty? \_\_\_\_\_  
Has your child gone through a recent growth spurt? \_\_\_\_\_  
If your child is female, have they started their period yet? \_\_\_\_\_

Is there a family history of eating disorders? \_\_\_\_\_  
If yes, who and what was the diagnosis?  
\_\_\_\_\_

Is there a family history of depression, anxiety, substance abuse or other psychiatric illness? \_\_\_\_\_  
If yes, who and what type?  
\_\_\_\_\_  
\_\_\_\_\_

Is there anyone in the family who has attempted or completed suicide? \_\_\_\_\_

Has your child been diagnosed with depression, anxiety, obsessive compulsive disorder or other mental health issues?  
\_\_\_\_\_  
If yes, what type of treatment did they receive?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been physically or sexually abused? \_\_\_\_\_  
If yes, when and how? \_\_\_\_\_  
\_\_\_\_\_

Is your child currently working with a counselor? \_\_\_\_\_ If yes, who and through which  
office or program? \_\_\_\_\_

Is your child currently working with a dietician? \_\_\_\_\_ If yes, who and through which office or program? \_\_\_\_\_

Has your child ever been admitted to the hospital or a residential treatment facility for their eating disorder?  
If yes, where, when and for how long?

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Is your child currently taking any medications? \_\_\_\_\_ If yes, please list below.

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Is there a family history of obesity, diabetes or heart disease? \_\_\_\_\_  
If yes, in whom and when was it diagnosed? \_\_\_\_\_

What extra-curricular activities does your child participate in?

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How does your child exercise?

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Are you concerned that your child is vomiting after they eat? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Has your child ever been admitted to the hospital for medical reasons or had previous surgeries? \_\_\_\_\_

If yes, please list when and for what reason:

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Describe your family's living arrangements:

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Is your family experiencing any stressors in your home (circle one)? Yes No Please don't ask in front of my child

Health of family member: \_\_\_\_\_

Financial: \_\_\_\_\_

Any additional information you wish to provide:

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Is your child experiencing any stressors at school with peer relationships?

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With sports or other extra-curricular activities:

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How does your child perform academically? Has there been changes in your child's level of academic performance and has their change in eating habits directly impacted this?

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Does your child bring their lunch to school or do they eat lunch from the cafeteria? \_\_\_\_\_

Does their eating disorder affect their ability to enjoy eating at a restaurant or someone else's home?

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What are your family's attitudes regarding weight? Has anyone in your family struggled with their weight?

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How do the adult members of your family maintain a healthy weight?

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Is there pressure to diet in your family? \_\_\_\_\_

Are there any family members currently on a diet?

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Please describe a typical day, in detail, of what and how your child eats and drinks:

Meal	Quantity and type of food or drink	Behaviors during meals and where you eat it
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack		