

Date: \_\_\_\_\_

**FRAUKE C. SCHAEFER, MD, INC.**

1709 Legion Rd., Suite 226, Chapel Hill, NC 27517 919-929-7640 Fax: 919-929-7648

Patient(s)/Client(s) Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ May I leave a message? Yes No  
Cell Number \_\_\_\_\_ May I leave a message? Yes No  
Work Number \_\_\_\_\_ May I leave a message? Yes No  
E-mail \_\_\_\_\_ May I leave a message? Yes No  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

**If Adult:**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Spouse/Partner's Name \_\_\_\_\_  
Children's Names and Ages \_\_\_\_\_

**If Child/Student:** Parent/Guardian's Name \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Best phone # to be reached at \_\_\_\_\_  
School Currently Attending \_\_\_\_\_ Grade/Year \_\_\_\_\_

**In case of emergency notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Guarantor Information (If other than self):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_  
Policyholder \_\_\_\_\_ Employer \_\_\_\_\_  
Claims Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Pharmacy:** \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Referral Source: How did you find out about us?**

Friend  Insurance Co.  Health Care Professional  Pastor  Employer  Phone Book

**Religion** \_\_\_\_\_  
**Church Affiliation (if any)** \_\_\_\_\_

**FRAUKE C. SCHAEFER, MD**  
**Confidential Child and Adolescent Data Form**

*Please answer the following questions as completely as possible.*

Child's Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Birth Date \_\_\_\_\_

Today's Date \_\_\_\_\_ Form Completed by \_\_\_\_\_

Your Relationship to the Child \_\_\_\_\_

Child's School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Child's Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Information:**

Does or has your child had any significant medical problems? If so, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any medications your child is taking, or has taken, on an ongoing basis:

<u>Name</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Start Date</u>	<u>MD</u>
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
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Has your child ever been hospitalized? If yes, briefly explain: \_\_\_\_\_

\_\_\_\_\_

**Family Information:**

Mother's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's occupation \_\_\_\_\_ #hrs/week \_\_\_\_\_ Education \_\_\_\_\_

Living in Home? \_\_\_\_\_ If no, explain \_\_\_\_\_

\_\_\_\_\_

Father's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's occupation \_\_\_\_\_ Education \_\_\_\_\_

Living in Home? \_\_\_\_\_ If no, explain \_\_\_\_\_

\_\_\_\_\_

With whom does the child live? Birth Parents \_\_\_\_\_ Foster Parents \_\_\_\_\_

Adoptive Parents \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Please list all other persons living in the home:

<u>Name</u>	<u>DOB</u>	<u>Relationship to Child</u>	<u>Sex</u>	<u>Grade/Occupation</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any other people who care for the child a significant amount of time (neighbor, babysitter, grandparent,..)

\_\_\_\_\_  
\_\_\_\_\_

**Child's Developmental History:**

Pregnancy and birth, any problems? No \_\_\_ Yes \_\_\_ If Yes, Briefly Explain \_\_\_\_\_

\_\_\_\_\_

Was the child adopted? \_\_\_\_\_ If yes, at what age? \_\_\_\_\_ What History/Information is know about the birth parents? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Developmental Milestones (at what ages were these met?)

Sitting \_\_\_\_\_ Walking \_\_\_\_\_ Talking \_\_\_\_\_ Toilet Trained \_\_\_\_\_

Please list any jobs or chores your child has in the family or at school. (Feeding the dog, taking out trash, safety patrol). If none \_\_\_\_\_

How well does your child do these jobs or chores?

Poor                      Average                      Great  
1                      2                      3                      4                      5

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

Compared to other children his/her age how does your child get along with other children?

Poor                      Average                      Great  
1                      2                      3                      4                      5

What are your child's favorite recreational or extracurricular activities? \_\_\_\_\_

Who generally disciplines the child? \_\_\_\_\_

What methods are used? \_\_\_\_\_

Do parents agree about the method of discipline? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, please explain:

**School History:**

What is the present school grade? \_\_\_\_\_

If your child has been to school (including preschool, kindergarten, elementary, etc.) complete the following for all classes and end with the current placement. Please comment if your child repeated a grade or is in a special class (gifted, leaning disabled, curriculum assistance, behaviorally/emotionally handicapped, etc.).

<i>Grade(s)</i>	<i>School</i>	<i>Comments</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current School performance (for children aged 6 and older)

	Failing	Below Average	Average	Above Average
Reading	_____	_____	_____	_____
Writing	_____	_____	_____	_____
Math	_____	_____	_____	_____
Spelling	_____	_____	_____	_____

Other academic subjects (History, Science, Art, Music, Languages, etc)

	Failing	Below Average	Average	Above Average
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Behavior problems in school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Parent Concerns:**

What is the primary reason you are seeking help for your child at this time? \_\_\_\_\_

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When did these problems begin? \_\_\_\_\_

What do you think are the causes of your child's problems? \_\_\_\_\_

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What have you been told by doctors, teachers, and/or others about your child's problem(s)? \_\_\_\_\_

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Has this child had any other mental health evaluations or treatment? \_\_\_\_\_

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Did your child have educational evaluations, occupational or physical therapy, or speech or language evaluations? When?

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Has any other member of the child's immediate family had mental health treatment? \_\_\_\_\_

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Please describe any marital problems or family stresses which may contribute to your child's problems:

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Please describe any other unusually severe stresses your child has experienced during the past year: \_\_\_\_\_

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What has been done so far to try to deal with your child's problem? \_\_\_\_\_

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Please list any special strengths or talents that your child has:

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How much are each of the following areas a problem to your child?

	Not at All	A Little	Somewhat	Considerably	Terribly
Anxiety	0	1	2	3	4
Physical problems	0	1	2	3	4
Depression	0	1	2	3	4
Alcohol abuse	0	1	2	3	4
Drug abuse	0	1	2	3	4
Family conflicts	0	1	2	3	4
Social relationship difficulties	0	1	2	3	4
Job/school conflicts	0	1	2	3	4
Sexual problems	0	1	2	3	4
Spiritual/religious concerns	0	1	2	3	4
Legal problems	0	1	2	3	4
Eating disorder	0	1	2	3	4
Abuse (physical, emotional, sexual)	0	1	2	3	4

**Consent**

I request and authorize Frauke C. Schaefer, MD to provide evaluation and/or treatment to my minor child:

\_\_\_\_\_.

I attest that I am his/her legal custodial parent and that I am legally entitled to authorize evaluation and treatment.

\_\_\_\_\_

\_\_\_\_\_

Parent or guardian's signature(s)

Date

\_\_\_\_\_

\_\_\_\_\_

Printed Name(s)

Relationship to Child

Any other information that you think may be helpful about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your time and cooperation!