

# Pediatric Symptom Checklist



**Upon completion and for further instructions, please return to:** <https://mycatholicdoctor.com/intake-forms/>

## Parent Version

***Emotional and physical health go together in children. Because parents are often the first to notice a problem with their child's behavior, emotions or learning, you may help your child get the best care possible by answering these questions.***

**Please mark the answers that BEST fit your child:**

	Never	Sometimes	Often
Complains of aches and pains	Never	Sometimes	Often
Spends more time alone	Never	Sometimes	Often
Tires easily, little energy	Never	Sometimes	Often
Fidgety, unable to sit still	Never	Sometimes	Often
Have trouble with teacher	Never	Sometimes	Often
Less interested in school	Never	Sometimes	Often
Act as if driven by motor	Never	Sometimes	Often
Daydreams too much	Never	Sometimes	Often
Distracted easily	Never	Sometimes	Often
Is afraid of new situations	Never	Sometimes	Often
Feel sad, unhappy	Never	Sometimes	Often
Is irritable, angry	Never	Sometimes	Often
Feels hopeless	Never	Sometimes	Often
Has trouble concentrating	Never	Sometimes	Often
Less interested in friends	Never	Sometimes	Often
Fights with others	Never	Sometimes	Often
Absent from school	Never	Sometimes	Often
School grades dropping	Never	Sometimes	Often
Is down on himself or herself	Never	Sometimes	Often

**Please mark the answer that BEST fits you:**

Visits doctor with doctor finding nothing wrong	Never	Sometimes	Often
Has trouble sleeping	Never	Sometimes	Often
Worries a lot	Never	Sometimes	Often
Wants to be with parent more than before	Never	Sometimes	Often
Feels he or she is bad	Never	Sometimes	Often
Takes unnecessary risks	Never	Sometimes	Often
Gets hurt frequently	Never	Sometimes	Often
Seems to be having less fun	Never	Sometimes	Often
Acts younger than children his or her age	Never	Sometimes	Often
Does not listen to rules	Never	Sometimes	Often
Does not show feelings	Never	Sometimes	Often
Does not understand other people's feelings	Never	Sometimes	Often
Teases others	Never	Sometimes	Often
Blames others for your troubles	Never	Sometimes	Often
Takes things that do not belong to him or her	Never	Sometimes	Often
Refuses to share	Never	Sometimes	Often
Does your child have any emotional or behavioral problems for which he/she needs help?	No	Yes	
Are there any services that you would like your child to receive for these problems?	No	Yes	
If yes, what services? (optional)			

**Patient name:** \_\_\_\_\_

**This form was filled out by: (your name here)** \_\_\_\_\_

**What is your relationship to the patient?** \_\_\_\_\_

**What is today's date? (optional)** \_\_\_\_\_