Sozialpädiatrisches Zentrum Landshut
am Kinderkrankenhaus St. Marien gGmbH
Grillparzerstr. 9, 84036 Landshut
Leitender Arzt: Dr. Christian Blank
Sekretariat
Tel.: 0871 852-1325 Fax: 0871 852-1440
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SPZ am St. Marien KINDERKRANKENHAUS
Zentrum für Kinder- und Jugendmedizin
Akademisches Lehrkrankenhaus der Ludwig-Maximilians-Universität München
zertifiziert nach DIN EN ISO 9001:2008

PARENTS' QUESTIONNAIRE

(answered on *(dd/mm/yy)* _____ by: _____)

Dear parents!
Your answering the following questions will make our diagnostic planning and preparation easier. Your answers will, of course, be treated with utmost confidentiality.

CHILD'S first and last name:

born: in (place of birth):

FAMILY address:

First and last names, former names and dates of birth of the **LEGAL GUARDIAN(S)**:

Mother: Date of birth: Citizenship(s):

Landline phone: Mobile:

Email:

Father: Date of birth: Citizenship(s):

Landline phone: Mobile:

Email:

❒ married ❒ cohabitation ❒ separated ❒ divorced ❒ widowed

Child custody:

❒ joint custody

❒ sole custody:
❒ mother ❒ father

Referring doctor in:

With my signature I confirm that all legal custodians agree with the child's examination at the SPZ.

Like St. Mary's Children's Hospital the SPZ Landshut underlies strict data protection regulations. To optimize your child's treatment it may be necessary to exchange oral and/or written information with St. Mary's Children's Hospital. Also the referring doctor will receive written medical reports regarding the examinations at the SPZ.

With your signature you declare your compliance with a possible written and/or oral information exchange between the SPZ and the Children's Hospital as well as the referring doctor.

Landshut, (dd/mm/yy) _____ signature: _____

Has your child siblings and/or half-brothers/-sisters): □ no

First name:	born:	kindergarten / school / class / training	Important information
1.			
2.			
3.			
4.			
5.			

Have one or more siblings been examined at the SPZ before? □ no □ yes (name?):

Are there any acute or chronic illnesses/disabilities among □ parents / □ grandparents / □ siblings? (which?):

Does your child currently suffer from a chronic illness or has your child ever had any severe illness(es) / surgery / accidents / traumatic experiences? Does your child need regular medication? (If yes, please state in detail)

What is the reason for introducing your child to us? (medical complaints, disability, problems, worries etc.)

Does your child show any behavioural abnormalities? If yes, which?

What expectations and wishes do you have regarding the SPZ? What outcome of the examination do you hope for?

Have you contacted other institutions before regarding your child's problem (psychiatry, established psychiatrists, psychologists, …) ? Please state all previous examiners and therapists.

Have you already been in touch with social services ("Jugendamt")? ☐ **yes** ☐ **no**

If yes, please name your contact (we will not get in touch without your knowledge):

Which therapies have you already tried for your child (e.g. occupational therapy/Ergotherapie, speech therapy/Logopädie, early intervention/Frühförderung, physiotherapy, psychotherapy etc.)? Please name the therapist or the institution.

Which strength / positive attributes do you see in your child?

Additional information / comments: