

# Sozialpädiatrisches Zentrum Landshut

am Kinderkrankenhaus St. Marien gGmbH  
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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?

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

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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):

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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.

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

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Additional information / comments:

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