



Tell me about the child's family now.

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How is the patient's medical health?

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What are the child's strengths?

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What are the child's weaknesses?

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Is there a family history of psychiatric problems in child's family?

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Are you opposed to psychiatric medications?

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What do you want Dr. Rosenberg to do to help?

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**NOTE: If you are a biological parent or biological guardian, please complete a Patient Form about yourself and your history.**