**Behavioral Health Child/Adolescent Intake Form**

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| --- | --- | --- | --- |
| **Child Name (First, MI, Last)** | | **Age** | **Date of Birth** |
| **School** | | **Grade** | **Today’s Date** |
| **Primary M.D.** | **Social Worker** | | **County** |
| **Who Referred You?** | | | |
| **What are the current concerns? List in order of importance.**  1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| **Mental Health Treatment History Place(s) and Date(s)** |
| Psychiatric Consultation |
|  |
| Outpatient Therapy/Counseling |
|  |
| Inpatient Hospitalization |
|  |
| Partial Hospitalization (Hospital-Based) |
|  |
| Day Treatment (Alternative School or School-Based) |
|  |
| Chemical Dependency Treatment |
|  |
| In-home Family Therapy |
|  |
| Psychological testing (IEP, IQ, achievement, etc.) |
|  |
| Are there other ways that your family has attempted to deal with the concerns? |
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| **SYMPTOM CHECKLIST:** Read each item below and decide how much you think your child/adolescent has been showing the problem during the past month. **(0 = Not at all 1 = Rarely 2 = Sometimes 3 = Often)** | |
| **NEURODEVELOPMENTAL SYMPTOMS** | |
|  | Fails to give close attention to details or makes careless mistakes in schoolwork, work, or activities |
|  | Has difficulty sustaining attention in tasks or play activities |
|  | Does not seem to be listening when spoken to directly |
|  | Does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace |
|  | Has a difficult time organizing tasks and activities (e.g. managing sequential tasks, organizing materials, etc.) |
|  | Avoids or dislikes or is reluctant to engage in tasks that require sustained mental effort |
|  | Loses things necessary for tasks or activities |
|  | Is distracted by extraneous stimuli (for adolescents and adults this may include unrelated thoughts) |
|  | Is forgetful in daily activities (e.g., doing chores, running errands, keeping appointments, etc.) |
|  | Fidgets with or taps hands and feet or squirms in seat |
|  | Leaves seat in situations when remaining seated is expected |
|  | Runs about or climbs in situations where it is inappropriate (or feelings of restlessness in adolescents/adults) |
|  | Unable to play or engage in leisure activities quietly |
|  | Is “on the go”, acting as if “driven by a motor” (e.g. unable to sit still for extended periods of time) |
|  | Talks excessively |
|  | Blurts out an answer before a question has been completed |
|  | Has difficulty waiting his or her turn |
|  | Interrupts or intrudes on others (e.g. butts into games, conversations or activities, uses others’ things) |
|  | Intellectual or cognitive impairment or delays |
|  | Speech or language problems |
|  | Has difficulty in reading (word reading accuracy, reading rate or fluency, reading comprehension) |
|  | Has difficulty in mathematics (number sense, memorization of math facts, accuracy or fluency, reasoning) |
|  | Has difficulty in written expression ( spelling, grammar/punctuation, clarity or organization) |
|  | Motor/coordination problems |
|  | Vocal/motor tics (e.g., repetitive eye blinking, throat clearing, facial movements, noises, etc.) |
|  | Has difficulty with social communication and social interaction across multiple contexts/settings.  **IF YES, CHECK THOSE BELOW THAT APPLY.** |
|  | Deficits in social-emotional interactions (e.g. approaching others abnormally, failing to converse back and forth, doesn’t share interests or feelings, fails to initiate or respond to social interactions, etc.) |
| Deficits in nonverbal communication (e.g. abnormal eye contact or body language, lack of facial expression, trouble understanding or using gestures) |
|  Trouble developing or keeping friendships at a level expected for developmental age |
|  | Restricted, repetitive patterns of behavior, interest, use of objects or speech.  **IF YES, CHECK THOSE BELOW THAT APPLY.** |
|  | Repetitive patterns of behavior, interests, use of objects, or speech.      **IF YES, CHECK THOSE BELOW THAT APPLY.** |
| Repetitive or unusual motor movements, use of objects or speech |
| Insistence on things being the same, inflexible routines or patterns of verbal/nonverbal behavior |
| Highly restricted interests that are abnormal in intensity or focus |
| Under or over-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g. indifference to pain/temperature, over response to textures, smells, light, movement, sounds, or tastes) |

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| **DISRUPTIVE BEHAVIOR SYMPTOMS** | | | | | | | | | | | |
|  | Loses temper | | | | | | | | | | |
|  | Touchy and easily annoyed | | | | | | | | | | |
|  | Angry and resentful | | | | | | | | | | |
|  | Argues with adults | | | | | | | | | | |
|  | Actively defies or refuses to comply with rules or requests from authority figures | | | | | | | | | | |
|  | Deliberately annoys others | | | | | | | | | | |
|  | Blames others for own mistakes or misbehavior | | | | | | | | | | |
|  | Spiteful or vindictive | | | | | | | | | | |
|  | Behavioral outbursts involving verbal or physical aggression | | | | | | | | | | |
|  | Bullies, threatens or intimidates other | | | | | | | | | | |
|  | Initiates physical fights | | | | | | | | | | |
|  | Used a weapon that can cause serious physical harm to others | | | | | | | | | | |
|  | Physically cruel to people or animals | | | | | | | | | | |
|  | Has stolen while confronting a victim | | | | | | | | | | |
|  | Forced someone into sexual activity | | | | | | | | | | |
|  | Deliberately engaged in fire setting with the intention of causing damage | | | | | | | | | | |
|  | Deliberately destroyed others’ property | | | | | | | | | | |
|  | Broke into someone’s house, building, or car | | | | | | | | | | |
|  | Lies in order to obtain favors or to avoid obligations | | | | | | | | | | |
|  | Has stolen without confrontation (e.g., forgery, shoplifting) | | | | | | | | | | |
|  | Stays out at night without permission | | | | | | | | | | |
|  | Has run away from home overnight | | | | | | | | | | |
|  | Has been truant | | | | | | | | | | |
|  | Verbal aggression or physical aggression toward property, animals, or other individuals, not resulting in physical injury to animals or other individuals. | | | | | | | | | | |
|  | Behavioral outbursts involving damage or destruction of property and/or physical assault involving injury against animals or other individuals within a 12-month period. | | | | | | | | | | |
| **MOOD SYMPTOMS** | | | | | | | | | | | |
|  | Temper outbursts manifested verbally and/or behaviorally, that are out of proportion to the situation and are inconsistent with developmental level | | | | | | | | | | |
|  | The mood in between temper outbursts is persistently irritable or angry | | | | | | | | | | |
|  | Depressed or irritable mood | | | | | | | | | | |
|  | Less interest or pleasure in all or almost all activities | | | | | | | | | | |
|  | Significant weight loss when not dieting or weight gain (greater than 5% of body weight in a month) | | | | | | | | | | |
|  | Difficulty sleeping or oversleeping | | | | | | | | | | |
|  | Increased movement and agitation or decreased movement and slowing down | | | | | | | | | | |
|  | Fatigue or loss of energy | | | | | | | | | | |
|  | Feelings of worthlessness or excessive and inappropriate guilt | | | | | | | | | | |
|  | Difficulty thinking or concentrating, or indecisiveness | | | | | | | | | | |
|  | Thoughts of death, or suicidal thoughts (with or without a specific plan), or suicide attempt(s) | | | | | | | | | | |
|  | Has had a *distinct* period of abnormally and persistently elevated (happy, excited) or irritable mood *and* abnormally and persistently increased goal-directed activity or energy. **IF YES, CHECK THOSE BELOW THAT APPLY.** | | | | | | | | | | |
|  | At least 4 days of noticeably increased, inflated self-esteem or grandiosity | | | | | | | | | | |
| At least 4 days of noticeably decreased need for sleep (e.g. feels rested on 3 hours of sleep) | | | | | | | | | | |
| At least 4 days of noticeably increased talkativeness or pressure to keep talking | | | | | | | | | | |
| At least 4 days of noticeably increased racing thoughts or flight of ideas | | | | | | | | | | |
| At least 4 days of noticeably increased distractibility | | | | | | | | | | |
| At least 4 days of noticeably increased goal-directed activity or motor agitation (purposeless activity) | | | | | | | | | | |
| At least 4 days of noticeably excessive involvement in high risk activities | | | | | | | | | | |
| **ANXIETY SYMPTOMS** | | | | | | | | | | | |
|  | Fear and anxiety concerning separation from home or major attachment figures | | | | | | | | | | |
|  | Failure to speak in certain social situations (e.g., school or with unfamiliar adults) but speaking ok at home | | | | | | | | | | |
|  | Marked fear/anxiety about a specific object or situation (e.g., heights, animals, the dark) | | | | | | | | | | |
|  | Marked fear/anxiety about social situations involving being observed by others (e.g., performing, conversing) | | | | | | | | | | |
|  | Panic attacks (sudden onset of intense fear or physical discomfort that reaches a peak within minutes) | | | | | | | | | | |
|  | Anxiety and worry about a number of events or activities, occurring more days than not | | | | | | | | | | |
| **OBSESSIVE-COMPULSIVE SYMPTOMS** | | | | | | | | | | | |
|  | Recurrent and persistent thoughts, urges, or images that cause marked anxiety or distress | | | | | | | | | | |
|  | Repetitive behaviors (e.g., hand washing, checking) or mental acts (e.g., praying, counting) that the individual feels driven to perform in response to an obsession or according to rules that must be rigidly applied | | | | | | | | | | |
|  | Preoccupation with perceived defects or flaws in physical appearance that are not observable to others | | | | | | | | | | |
|  | Difficulty discarding or parting with possessions, regardless of their value (i.e., hoarding) | | | | | | | | | | |
|  | Hair pulling | | | | | | | | | | |
|  | Skin picking | | | | | | | | | | |
| **TRAUMA- AND STRESSOR- RELATED SYMPTOMS** | | | | | | | | | | | |
|  | Has experienced a pattern of extreme, insufficient care (e.g., neglect, deprivation, changes in caregivers, etc.)  **IF YES, CHECK THOSE THAT APPLY** | | | | | | | | | | |
|  | Rarely or minimally seeks or responds to comfort from caregivers when upset or distressed | | | | | | | | | | |
| Minimal social and emotional responsiveness to others | | | | | | | | | | |
| Limited positive emotions | | | | | | | | | | |
| Episodes of unexplained irritability, sadness or fearfulness during interactions with adult caregivers | | | | | | | | | | |
| Reduced caution in approaching and interacting with unfamiliar adults | | | | | | | | | | |
| A pattern of actively approaching and interacting with unfamiliar adults (e.g., a willingness to go off with unfamiliar adults with little or no hesitation, being overly familiar, not checking back with caregivers after venturing away, etc.) | | | | | | | | | | |
|  | Has had exposure to actual or threatened death, serious injury, or sexual violence  **IF YES, CHECK THOSE THAT APPLY** | | | | | | | | | | |
|  | Recurrent, distressing memories or dreams of the traumatic event | | | | | | | | | | |
| Re-enactment of the traumatic event in repetitive play activities | | | | | | | | | | |
| Intense, physical or emotional distress when exposed to reminders of the traumatic event | | | | | | | | | | |
| Flashbacks of the traumatic event (i.e., feeling or acting as if the traumatic events were recurring) | | | | | | | | | | |
| Persistent avoidance of memories, thoughts, feelings, places or objects associated with the traumatic event | | | | | | | | | | |
| Negative changes in thoughts or mood beginning or worsening after the traumatic event (e.g., guilt, shame, loss of interest, feeling detached, self-blame, etc) | | | | | | | | | | |
| Marked changes in arousal or reactivity, beginning or worsening after the traumatic event (e.g. angry outbursts, hypervigilance, problems sleeping, reckless/destructive behavior, etc.) | | | | | | | | | | |
| **DISTORTED THINKING OR PERCEPTION SYMPTOMS** | | | | | | | | | | | |
|  | Delusions (i.e., persistent odd or false beliefs) | | | | | | | | | | |
|  | Hallucinations (i.e., hearing or seeing things that are not really there) | | | | | | | | | | |
| **DISORDERED EATING SYMPTOMS** | | | | | | | | | | | |
|  | Episodes of binge eating | | | | | | | | | | |
|  | Inappropriate behaviors used to prevent weight gain (e.g., self-induced vomiting, misuse of laxatives or diuretics, fasting, excessive exercise, etc.) | | | | | | | | | | |
|  | Restriction of food intake leading to significantly low body weight (i.e., less than minimally expected) | | | | | | | | | | |
|  | Fear of gaining weight or becoming fat | | | | | | | | | | |
|  | Disturbance in the way in which one’s body weight or shape is experienced | | | | | | | | | | |
| **GENDER DYSPHORIA SYMPTOMS** | | | | | | | | | | | |
|  | Incongruence between one’s experienced/expressed gender and actual gender, of at least 6 months duration | | | | | | | | | | |
| **MISCELLANEOUS SYMPTOMS** | | | | | | | | | | | |
| Are there other symptoms or concerns that you have about this child/adolescent? | | | | | | | | | | | |
| **Risk Indicators (Check all that apply)** | | | | | | | | | | |
|  | Wish to be Dead: has had thoughts about a wish to be dead or not live anymore, or a wish to fall asleep and not wake up. | | | | | | | | | |
|  | Suicidal Thoughts: has had non-specific thoughts of wanting to end life/die by suicide. | | | | | | | | | |
|  | Suicide Behavior: has had an actual suicide attempt, an interrupted attempt, or other preparatory acts to kills self | | | | | | | | | |
|  | Self-injurious behavior ***without*** suicidal intent | | | | | | | | | |
|  | Method for suicide available (gun, pills, etc.) | | | | | | | | | |
|  | No firearms in the home Firearms are easily accessed Use of safe firearm and ammunition storage practices | | | | | | | | | |
|  | Family history of suicide (lifetime) | | | | | | | | | |
|  | Recent loss(es) or other significant negative event(s) (legal, financial, relationship, etc.) | | | | | | | | | |
|  | Arrests/Pending incarceration | | | | | | | | | |
|  | Current or pending isolation or feeling alone | | | | | | | | | |
|  | Hopelessness | | | | | | | | | |
|  | Command hallucinations to hurt self | | | | | | | | | |
|  | Highly impulsive behavior | | | | | | | | | |
|  | Drug or alcohol abuse/dependence | | | | | | | | | |
|  | Perceived burden on family or others | | | | | | | | | |
|  | Chronic physical pain or other acute medical problem | | | | | | | | | |
|  | Homicidal thoughts/preoccupation with violence | | | | | | | | | |
|  | Aggressive behavior toward others | | | | | | | | | |
|  | Sexual abuse (lifetime) | | | | | | | | | |
|  | Unhealthy peer group | | | | | | | | | |
|  | Inappropriate sexual activity | | | | | | | | | |
| **Current Living Situation** | | | | | | | | | | |
| **Parent’s name**:  Age:  Age:  Age:  Biological  BiologicalAdoptiveStep  Biological Adoptive  Step | | | | | | Age: | Biological Adoptive  Step | | | |
| Address: | | | | | City: | | | | | State: |
| Lives with the child/adolescent? Yes No | | | | | If not, where does he/she live? | | | | | |
| Employed outside of the home? YesNo | | | | | Occupation:  Hours/wk: | | | | | Hours/wk: |
| **Parent’s name:**  Age: | | | | | | Age: | Biological Adoptive  Step | | | |
| Address:  City: State: Home Phone:  City: | | | | | City: | | | | | State: |
| Lives with the child/adolescent? Yes No | | | | | If not, where does he/she live? | | | | | |
| Employed outside of the home? YesNo | | | | | Occupation: | | | | | Hours/wk: |
| **Parents’ marital status: **never married. married for \_\_\_\_\_ years. separated. divorced. | | | | | | | | | | |
| If parents are divorced, describe physical and legal custody? | | | | | | | | | | |
| **Other parent(s) or caregiver(s) names** (*if different from above*): | | | | | | | | | | |
| Relationship to patient: | | | | | | | | | | |
| Relationship to patient: | | | | | | | | | | |
| Is the caregiver employed outside the home? Yes No | | | | | Occupation: | | | | | Hours/wk: |
| **Legal guardian of patient, if other than biological parent(s):** | | | | | | | | | | |
| List all people this child/adolescent is presently living with: | | | | | | | | | | |
| **Name** | | | **Age** | **Relation** | | | | | **Health Status:** | |
|  | | |  |  | | | | | Good/Fair/Poor | |
|  | | |  |  | | | | | Good/Fair/Poor | |
|  | | |  |  | | | | | Good/Fair/Poor | |
|  | | |  |  | | | | | Good/Fair/Poor | |
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|  | | |  |  | | | | | Good/Fair/Poor | |
|  | | |  |  | | | | | Good/Fair/Poor | |
| List any immediate family members who do not live with this child/adolescent and any deceased family members: | | | | | | | | | | |
| **Name** | | **Living** | **Age** | **Relation** | | | | **City, State** | | |
|  | | **Y/N** |  |  | | | |  | | |
|  | | **Y/N** |  |  | | | |  | | |
|  | | **Y/N** |  |  | | | |  | | |
|  | | **Y/N** |  |  | | | |  | | |
|  | | **Y/N** |  |  | | | |  | | |
|  | | **Y/N** |  |  | | | |  | | |
| **Developmental History** | | | | | | | | | | |
| **Prenatal and Delivery History** | | | | | | | | | | |
| How was the mother’s overall health during pregnancy with this patient? good fair poor don’t know | | | | | | | | | | |
| Did the mother experience any medical problems or complications during pregnancy? YesNo  If yes, please specify:  How old **were** the parents when this patient was born? Mother \_\_\_\_\_\_\_ Father \_\_\_\_\_\_\_ | | | | | | | | | | |
| What substances, if any, did the mother use during the course of the pregnancy (including before learning that she was pregnant)?  Alcohol: Describe amount and frequency. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tobacco: Describe amount and frequency. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Drugs: Describe what drugs, amount and frequency. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prescription Drugs: Describe what drugs, amount and frequency. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Was this child/adolescent born: less than 30 weeks gestation 30-35 weeks 36-40 weeks over 40 weeks | | | | | | | | | | |
| Was delivery: Normal Breech Caesarian Forceps/vacuum assisted Induced | | | | | | | | | | |
| What was the child/adolescent’s birth weight? \_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Were there indications of fetal distress during labor/birth? Yes No  If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Were there any health complications following birth? Yes No  If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  | | --- | | **Postnatal Period and Infancy** | | Was there any infancy feeding problems? Yes No  If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Was this child/adolescent colicky as an infant? Yes No  If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Were there infancy sleep pattern difficulties? Yes No  If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Were there problems with responsiveness/alertness during infancy? Yes No  If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | How easy was this child/adolescent as a baby?  Very easy Easy Average Difficult Very Difficult | | Were there any concerns about this child/adolescent’s attachment to the primary caregiver(s)? Yes No  If Yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |

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| **Medical History** | | | | | | | | | | |
| How would you describe your child/adolescent’s health?  Very Good Good Fair Poor Very Poor | | | | | | | | | | |
| How is his/her hearing? Good Fair Poor Fine motor coordination?Good Fair Poor  Vision? Good Fair Poor Gross motor coordination? Good Fair Poor  Speech and language? Good Fair Poor | | | | | | | | | | |
| Has this child/adolescent ever had chronic health problems (e.g., asthma, diabetes, allergies, heart condition)? Yes No  If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Which of the following illnesses has this child/adolescent had? Check all that apply:  Chronic diarrhea Stomach aches High fevers Chronic pain Chronic ear infections Constipation Allergies Encephalitis Chronic headaches Lead poisoning  Asthma Croup RSV Chicken pox Urinary tract infections Pneumonia Seizures Meningitis Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Has this child/adolescent had any medical problems aside from the usual childhood illnesses? Yes No  If yes, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Has this child/adolescent ever been hospitalized? Yes No  If yes, please specify the reason, date, outcome and name of hospital. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Has this child/adolescent ever had any emergency room visits for emotional or behavioral problems? Yes No  If yes, please specify the reason, date, outcome and name of hospital. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Has this child/adolescent ever received medication for emotional, physical, learning or behavioral problems? Yes No  If yes, please specify:  **Medication #1**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medication #2**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason prescribed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason prescribed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Daily Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daily Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Who Prescribed This?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who Prescribed This? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How long was this taken?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long was this taken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was this helpful? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Was this helpful? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Side effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Side effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Medication #3**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medication #4**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason prescribed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason prescribed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Daily Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daily Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Who Prescribed This? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who Prescribed This? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How long was this taken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long was this taken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was this helpful? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Was this helpful? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Side effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Side effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Medication #5**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medication #6**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reason prescribed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason prescribed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Daily Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daily Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Who Prescribed This? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who Prescribed This? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How long was this taken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long was this taken? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was this helpful? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Was this helpful? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Side effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Side effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Has this child/adolescent had any accidents resulting in the following? (Check all that apply)  Sutures Broken bones Severe lacerations Head injury  Severe bruises Loss of teeth Loss of consciousness Eye injury  Please explain the injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Does this child/adolescent have any bladder control problems?: No Yes  If yes, are these … During the day? During the night? | | | | | | | | | | |
| Does this child/adolescent have any bowel control problems?: No Yes  If yes, are these … During the day? During the night? | | | | | | | | | | |
| This child/adolescent’s usual bedtime is at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ when in school. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ when on vacation. | | | | | | | | | | |
| Describe this child/adolescent’s sleep patterns or habits:  Sleeps all night without disturbance Has trouble falling asleep TV in bedroom Early morning awakening  Awakens during night/restless sleeper  Screen time up to bedtime Severe snoring Sleeps outside bedroom   Gets out of bed in middle of the night  Sleeps with parent(s) | | | | | | | | | | |
| Describe this child/adolescent’s eating habits:  Overeats Average Under eats Binge eating Intentionally restricts intake | | | | | | | | | | |
| **Family Health History** | | | | | | | | | | |
|  | | Mother | Father | | Sibling | Describe the disability or health problem | | | | |
| Family member disability? | |  |  | |  |  | | | | |
| Family member serious health problems? | |  |  | |  |  | | | | |
| **Family Mental Health History** | | | | | | | | | | |
| **Check all that apply to biological family** | | Mother | | Maternal  family | | | Father | Paternal  family | | Siblings |
| Heart Problems | |  | |  | | |  |  | |  |
| Thyroid Problems | |  | |  | | |  |  | |  |
| Problems with inattention,  hyperactivity/ impulse control. | |  | |  | | |  |  | |  |
| Problems with aggression, oppositional, or antisocial behavior as a child. | |  | |  | | |  |  | |  |
| Learning disabilities | |  | |  | | |  |  | |  |
| Cognitive/intellectual disabilities | |  | |  | | |  |  | |  |
| Autism Spectrum | |  | |  | | |  |  | |  |
| Anxiety | |  | |  | | |  |  | |  |
| Depression | |  | |  | | |  |  | |  |
| Obsessive Compulsive Disorder | |  | |  | | |  |  | |  |
| Eating Disorder | |  | |  | | |  |  | |  |
| Schizophrenia or Psychosis | |  | |  | | |  |  | |  |
| Bipolar Disorder | |  | |  | | |  |  | |  |
| Suicidal thoughts or attempts | |  | |  | | |  |  | |  |
| Drug abuse or dependence | |  | |  | | |  |  | |  |
| Victim of sexual abuse | |  | |  | | |  |  | |  |
| Victim of physical abuse | |  | |  | | |  |  | |  |
| Other: (specify) | |  | |  | | |  |  | |  |
| **Cultural, Spiritual Influences** | | | | | | | | | | | |
| Describe any important spiritual/religious/cultural influences that are important in understanding this child/adolescent’s problems or treatment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Life Stressors/Trauma History** | | | | | | | | | | |
| Has this child/adolescent experienced or witnessed any of the following? (Check all that apply)   Domestic violence/abuse: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Community violence: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Physical abuse: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Verbal or Emotional abuse: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Sexual assault/molestation: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  Physical neglect: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Serious illness: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Serious accident : Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Divorce/Separation/Remarriage of Parent: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Change of residence: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Change of schools: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Job changes of parents: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Pregnancy/Miscarriage/Abortion: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Family chemical abuse: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Exposure to drug activity (outside of the home): Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Foster care or other out-of-home placement: Explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Arrests/Imprisonments in family: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Death/loss of family member: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Death/loss of friend: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Family accident or illness: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Financial changes or stressors: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Parent conflicts in disciplining: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Other: Explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Strengths and Quality of Social Network** | | | | | | | | | | |
| What are this child/adolescent’s strengths?   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| What does this child/adolescent like to do?  Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hobbies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Describe this child/adolescent’s relationship with each parent:  Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Step mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Step father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other caregivers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Describe this child/adolescent’s relationship with siblings:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Describe this child/adolescent’s relationship with peers:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Describe the parent relationship and any impact on this child/adolescent: | | | | | | | | | | |
| **Educational History** | | | | | | | | | | |
| Does your child/adolescent have an IEP for special education services? No Yes  If no, has your child ever been tested and determined not to need services?No Yes | | | | | | | | | | |
| Please summarize your child/adolescent’s academic, behavioral and emotional progress within each of these grade levels. Please include any teacher observations. | | | | | | | | | | |
| **Grade** | **Progress** | | | | | | | | **School/Program** | |
| Preschool/  Daycare |  | | | | | | | |  | |
| Kindergarten |  | | | | | | | |  | |
| 1st grade |  | | | | | | | |  | |
| 2nd grade |  | | | | | | | |  | |
| 3rd grade |  | | | | | | | |  | |
| 4th grade |  | | | | | | | |  | |
| 5th grade |  | | | | | | | |  | |
| 6th grade |  | | | | | | | |  | |
| 7th grade |  | | | | | | | |  | |
| 8th grade |  | | | | | | | |  | |
| 9th grade |  | | | | | | | |  | |
| 10th grade |  | | | | | | | |  | |
| 11th grade |  | | | | | | | |  | |
| 12th grade |  | | | | | | | |  | |
| Has this child/adolescent repeated any grades? Yes No  If yes, please specify which grade and why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Has this child/adolescent participated in any special education or other programming? If so, indicate which grade(s).  Program Grade(s) Program Grade(s)  Early Childhood Spec. Ed./Developmental Delay \_\_\_\_\_\_\_\_ Developmental/Cognitive Disability \_\_\_\_\_\_\_\_\_\_  Special Learning Disability \_\_\_\_\_\_\_\_\_\_\_\_ Autism Spectrum Disorder \_\_\_\_\_\_\_\_\_\_\_  Hearing Impaired \_\_\_\_\_\_\_\_\_\_ Traumatic Brain Injury \_\_\_\_\_\_\_\_\_\_  Visually Impaired \_\_\_\_\_\_\_\_ Other health impaired \_\_\_\_\_\_\_\_\_\_\_  Speech or Language Impaired \_\_\_\_\_\_\_\_\_\_\_ Current 504 Plan \_\_\_\_\_\_\_\_\_\_  Physically Impaired \_\_\_\_\_\_\_\_ Adaptive physical education \_\_\_\_\_\_\_\_\_\_\_  Emotional/Behavioral Disorder \_\_\_\_\_\_\_\_\_\_ Occupational therapy \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| What are this child/adolescent’s strengths in school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| What are this child/adolescent’s weaknesses in school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Is the school doing a good job of meeting your child/adolescent’s needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Is your child/adolescent currently employed? If yes, where and how many hours/week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Alcohol / Substance Use** | | | | | | | | | | |
| Does your child or adolescent drink alcohol?Yes No  Has your child or adolescent ever experimented with drugs?Yes No  **If you responded “no” to both questions, you can STOP here. Thank you for providing us with this important information.**  **If you responded “yes” to one or both questions, please complete the remaining questions:**  **CAGE-AID Questions (to be completed by a child/adolescent age 12 and up)**  1. In the last three months, have you felt you should cut down or stop drinking or using drugs?  2. In the last three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or using drugs?  3. In the last three months, have you felt guilty or bad about how much you drink or use drugs?  4. In the last three months, have you been waking up wanting to have an alcoholic drink or use drugs? | | | | | | | | | | |
| Which category of mood-altering substances has your child/adolescent used?  Alcohol Prescription drugs Street drugs Over-the-counter drugs None known | | | | | | | | | | |
| Please name all mood-altering substances this child/adolescent has used: | | | | | | | | | | |
| How many years altogether has this child /adolescent been drinking and/or using drugs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| How would you describe this child/adolescent’s pattern of alcohol or chemical use”?  Continuous and progressive On and off with no pattern A fairly regular pattern Decreasing but more destructive | | | | | | | | | | |
| Has this child/adolescent shown signs of significant mood changes? Yes No  If yes, please explain: | | | | | | | | | | |
| The following is a list of common symptoms in individuals who are abusing alcohol or drugs. Please check all that apply.  Blackouts. How often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Minimizes the extent of their use. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Lies about where they go or who they are with. When did this start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Engages in abusive or aggressive behavior. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Uses mood altering drugs/medications when drinking or substitutes medications for alcohol?  Stops drinking for periods of time. How often and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  There have been changes in this child/adolescent’s drinking pattern. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  This child/adolescent’s drinking and/or chemical use has resulted in changes in family activities. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unreasonable resentments. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Changes in sexual drive or activity. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Binges or benders. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tremors or alcohol/drug related physical problems. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Narrowed range or lack of interests. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Changes in the type of friends or attitudes toward friends. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Left or threatened to leave home after being confronted about chemical use. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Was told by a physician that chemical use is injuring his/her health. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Family members have complained that this child/adolescent spends too much money on alcohol or other chemicals. Describe:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Has quit or been threatened with expulsion or suspension from school due to chemical use. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Has been picked up/arrested by police for intoxication or other chemical use related charges. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Has had accidents/injuries related to drinking or chemical use. When/Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Has had illnesses related to drinking or chemical use. When/Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Has been gone from home without notifying parent(s). When/Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Has had other negative consequences related to drinking or substance use. Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  We/I feel responsible for this child/adolescent’s drinking/chemical use? Yes No  We/I sometimes feel guilty about this child/adolescent’s drinking/chemical use?Yes No  We/I feel this child/adolescent could quit drinking/using if he/she wanted to badly enough?Yes No  This child/adolescent simply lacks the will power to quit drinking/using?Yes No  Alcoholism is not a disease so much as it is a sin and moral problem?Yes No  We/I feel that this child/adolescent isn’t alcoholic or chemically dependent but rather has a drinking/use problem? Yes No | | | | | | | | | | | |

Updated” 05.08.2020 sph