

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

DATE: \_\_\_\_\_ ID: \_\_\_\_\_



## CHILD / ADOLESCENT CLINICAL INFORMATION SCREEN

### PRENATAL HISTORY

1. Age of mom at child's birth: \_\_\_\_\_

2. Age of dad at child's birth: \_\_\_\_\_

3. Substances used during pregnancy:

- Alcohol
- Caffeine
- Cigarettes
- Rx meds

4. Pregnancy complications:

- None
- Toxemia
- High blood pressure
- Rh factor
- Other: \_\_\_\_\_

5. Delivery was:

- Normal
- Breech
- Forceps
- Premature
- Caesarian
- Induced
- Complicated

### POSTNATAL/INFANCY HISTORY

1. Health complications after birth:

- None
- Feeding problems
- Colicky baby
- Sleep problems
- Birth defects
- Health problems
- Frequent crying

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2. Social behavior as an infant:

- Very sociable
- Average
- Less sociable

3. Activity level as an infant:

- Very active
- Average
- Less active

**DEVELOPMENTAL MILESTONES**

*Check those that occurred as expected:*

- Sitting up (5-9 months)
- Crawling (5-11 months)
- Walking (9-17 months)
- Use of single words (10-14 months)
- Talking in sentences (18-24 months)
- Bladder and Bowel control (2 ½-3 ½ years)
- Length of time to toilet train:

**MEDICAL HISTORY**

1. Describe child's health:

- Very good
- Good
- Fair
- Poor
- Very poor

2. Chronic health problems:

- None
- Asthma
- Diabetes
- Heart
- Seizures
- Other: \_\_\_\_\_

3. Hearing:

- Good
- Fair
- Poor

4. Vision:

- Good
- Fair
- Poor



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3. Check disciplinary actions that have occurred with child:

- Detention(s)
- Suspension(s) from school
- Expulsion(s) from school
- Held back

**SOCIAL HISTORY**

1. How does child get along with siblings?

- NA
- Better than average
- Average
- Worse than average

2. How does child make friends?

- Unknown
- Better than average
- Average
- Worse than average

3. Any concerns with child's social activities?

- Yes
- No

4. Does religion play an important role in child's life?

- Yes
- No

5. Does child have ethnic/cultural issues that need to be addressed?

- Yes
- No

6. Does child's or parent's sexual orientation cause problems?

- Yes
- No

7. Does the child or parents have any legal issues?

- Yes
- No

**BEHAVIORAL CONCERNS:**

1. Do you have concerns regarding child's behavior?

- Yes
- No

2. How do you address concerns with child?

- Verbal reprimands
- Time outs
- Removal of privileges
- Rewards
- Physical punishment
- Giving in

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3. Do both parents agree with discipline practices?

- Most times
- Some times
- Never

4. On average, what percent of time does child comply with initial commands?

- 25%
- 50%
- 75%
- 100%

5. On average, what percent of time does child eventually comply with commands?

- 25%
- 50%
- 75%
- 100%

6. Check the stressful events that have occurred in last 12 months:

- Divorce/separation
- Family accident/illness
- Death in family
- Parent changed job
- Change of schools
- Family moved
- Financial problems
- Other:

7. Does your child engage in playing gambling type games on the internet?  Yes  No

8. Does your child show intense interest in gambling activity?  Yes  No

9. Does your child engage in bragging about gambling activity?  Yes  No

## SPECIFIC SYMPTOMS

Identify all the symptoms that are currently a significant problem for your child:

- Fidgets
- Difficulty remaining seated
- Difficulty waiting turn
- Blurting out answers
- Difficulty following instructions
- Difficulty sustaining attention
- Short attention span
- Difficulty playing quietly
- Talking excessively
- Interrupting others
- Not listening

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- Losing things
- Engaging in physically dangerous activities
- Losing temper often
- Arguing with adults often
- Actively defies adult authority
- Deliberately does things to annoy others
- Blames others for own mistakes
- Touchy; easily annoyed by others
- Often angry or resentful
- Spiteful or vindictive
- Swears or uses obscene language
- Shoplifting
- Threatening others
- Running away
- Lies often
- Fire-setting deliberately
- Truant from school
- Sneaks out of house
- Breaking and entering
- Destroying property
- Cruel to animals
- Forced someone into sexual activity
- Used a weapon
- Starts physical fights
- Physically cruel to others
- Drug or alcohol abuse
- Persistent worry about possible harm to loved ones
- Refusal to go to school
- Refusal to sleep alone
- Avoids being alone
- Nightmares
- Physical complaints
- Persistent worry about separation from care giver
- Gets upset when separated from care giver
- Worries about future events
- Concerned about appropriateness of past behavior
- Concern about self-competence
- Shy (self-conscious)
- Excessive need for reassurance
- Trouble relaxing
- Worried about cleanliness; germs
- Depressed or irritable mood most of day
- Diminished pleasure in activities
- Over or under physical activity
- Feelings of worthlessness
- Suicidal ideation or attempt

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- Poor appetite or overeating
- Insomnia or increased sleep
- Low energy/fatigue
- Low self-esteem
- Poor concentration
- Feelings of hopelessness
- Sadness or crying spells
- Excessive guilt
- Difficulty making decisions
- Unusual mannerisms
- Odd postures
- Excessive reaction to noise; touch
- Compulsive rituals
- Bizarre ideas
- Disorientation, staring, "spacey"
- Incoherent speech
- Excessive mood swings
- Explosive temper

### NUTRITION SCREENING

1. Height (stature): \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

2. Did the child lose weight for no apparent reason?

- Yes     No

If yes, how much? \_\_\_\_\_

3. Does the child seem to have a problem with any of the following? (check all that apply)

- Chewing/Swallowing
- Chronic Diarrhea
- Stomach Problems
- Food Allergies
- Chronic Constipation

Other: \_\_\_\_\_

4. Is the child on any dietary/food restrictions?

- Yes     No

If yes, state: \_\_\_\_\_

### IN THE PAST 30 DAYS:

1. Describe how your child gets along with family members:

- Well
- Minimal problems
- Moderate problems
- Severe problems

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2. Describe how well your child is performing in school:

- Well
- Adequately
- Moderate problems
- Severe problems

3. Describe how well your child gets along with other children:

- Well
- Minor problems or issues
- Moderate problems
- Severe problems

4. Describe how well your child plays or uses leisure time:

- Plays easily / enjoys positive recreational activities
- Adequate play / involvement in recreational activities, any problems are minor
- Definite problems engaging in constructive play / recreational activities
- Severe problems playing/filling leisure times; no access to/interest in recreational activities

5. Describe your child's ability to communicate:

- No problems communicating
- Understands things but unable to express him/herself
- Problems understanding others and communicating to others
- Unable to communicate

6. Describe your child's judgment and/or decision-making

- No problems
- History of questionable choices
- Consistent choices that create problems for child or the family
- Choices that put child at risk for harm

7. Does your child work outside the home?

- Yes
- No

If yes: \_\_\_\_\_

8. Describe work performance:

- Excellent
- Adequate
- Some problems with work skills or behaviors
- Major problems on the job

Does he/she have defined job skills and interests?

- Yes
- No

10. List any special skills or talents your child has demonstrated:

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11. Describe your child's sleep:

- Restful, full night's sleep
- Generally good, though occasional awakening, bed wetting, nightmares
- Sleep is disrupted; child rarely sleeps through the night
- Sleep deprived and it affects his/her behaviors

12. Describe your child's ability to relate to others:

- Well-developed interpersonal skills
- Adequate interpersonal skills
- Lacks good skills, is more of a loner
- Very poor interpersonal skills, doesn't get along with others

13. Describe your child's general outlook on life:

- Always positive, optimistic and upbeat
- Generally positive or optimistic
- Variable; goes from very positive to very negative quickly
- Has trouble ever seeing anything positive about him/herself or life

14. Describe the support provided by your child's school:

- Always works closely with family to address child's needs
- More often than not, they address child's educational needs
- Currently are unable to meet the child's needs
- Are unable or unwilling to identify and meet child's needs
- Not applicable

15. Does your child like school?

- Yes
- No

16. Identify the role of religion/spirituality in your child's life:

- It is the foundation for everything the child and/or the family does
- Child is involved in defined religious/spiritual community that is supportive
- Child has some interest, but is not very involved in a community
- No identified religious/spiritual beliefs or pursuits

17. Describe the extent to which your child is involved in organized activities, in church, school, or larger community:

- Active, very involved with other
- Somewhat involved
- Only limited ties to church, school, and/or community
- No identified community to which he/she is a member

18. Describe, as best you can, the stability of the relationships in your child's life:

- Very stable relationships, both in the community and within the family
- Relatively stable relationships in the past, but this is changing
- At least one stable relationship over child's lifetime, but this is changing
- Child never has had stable relationships

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**INDICATE WHICH OF THE FOLLOWING HAVE BEEN PROBLEMS FOR YOUR CHILD IN THE PAST 30 DAYS:**

- Psychosis (i.e., delusions, hallucinations, etc.)
- Impulsivity/hyperactivity
- Depression
- Anxiety
- Oppositional behaviors
- Threats to harm self/others
- Antisocial actions (e.g., lying, stealing, violence towards others, destruction of property)
- Anger control
- Runaway
- Substance use
- Fire setting
- Adjustment to trauma
- Acts of delinquency
- Eating disturbance
- Bullying

**DESCRIBE YOUR CHILD'S SCHOOL PERFORMANCE ON THE FOLLOWING ITEMS:**

**1. School Behaviors**

- Behaving well in school
- Adequate; any problems are minor
- Moderate problems (e.g., child is disruptive and gets in trouble off and on)
- Severe problems (i.e., frequently in trouble; sometimes suspended)

**2. School Achievement (grades)**

- Doing well
- Adequate performance (i.e., only minor problems)
- Moderate problems (e.g., failing some subjects)
- Severe achievement problems

**3. School Attendance**

- Good; attends regularly
- Generally adequate
- Definite problems (e.g., misses at least 2 days/wk average)
- Generally truant or refuses to go to school

**4. Relation with teacher(s)**

- Very good
- Occasional problems, usually with only one teacher
- Problems with teachers interferes with overall education
- Severe problems that keep child from learning and advancing

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### INSURANCE INFORMATION

1. Are you wanting for insurance to cover all or part of your services with us?

Yes     No

2. If yes, please provide the following information:

Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

DOB of Policy Holder: \_\_\_\_\_

Employer of Policy Holder: \_\_\_\_\_

Policy ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

Phone numbers on the back of the card for "Benefit Information.":

\_\_\_\_\_

\_\_\_\_\_

3. What is your approximate household income? (Be sure to include all adult wage earners)

\_\_\_\_\_

4. How many people live in your household? \_\_\_\_\_

Note: Some insurance companies have a number designated for Substance abuse and Mental Health. If possible, include a copy of your insurance card with this packet when you return it. If you are hand-carrying it to one of our locations, please have our staff make a copy.