

JUVENILE JUSTICE CHILD/ADOLESCENT ASSESSMENT

DMH Admission Date: _____

Incarceration Date: _____

Identifying Information

Client

Name: _____ DOB: _____ Age: _____ Gender: Male Female

Other Names Used: _____

Preferred Language: _____ Secondary Language: _____ Ethnicity: _____

School: _____ Grade: _____

Referred By (Name or Agency): _____

Client resides with (name): _____

Contact Attempt to Contact made with Caretaker/Parent/Guardian on: _____

Biological Parents

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Phone: _____ Work: _____

Phone: _____ Work: _____

Preferred Language: _____

Preferred Language: _____

Primary Caregiver (Complete only if Biological Parent is not the Primary Caregiver)

Adoptive Guardian Foster Kinship/Relative Group Home Other

Name: _____ Relationship to Child: _____ Preferred Language: _____

Address: _____ Phone: _____ Work: _____

Reason for Referral/Chief Complaint

Why Referred?

Current primary symptoms/ behaviors (describe onset, duration, and frequency)

Impairments in life functioning

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Los Angeles County – Department of Mental Health

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History, Treatment and Responses

Include new and/or additional information or note sources for existing History, such as past Child/Adolescent Initial Assessment.

Mental Health
including Meds

Medical

Family Mental Health
& Medical

Developmental

School
including aspirations

Vocational
including aspirations

Child Abuse &
Protect. Services
(Placements)

Relevant Family
Social

Client and Family
Strengths

Drug & Alcohol

MH554 *Substance Use Self-Evaluation* Completed: Yes No Explain: _____
 MH552 *Parent/Caregiver Questionnaire* Completed: Yes No Explain: _____
 (For any Yes on either above form or for use reported from any other source, complete MH553 *Child/Adolescent Substance Use Assessment*)

Juvenile Court (Delinquency)

Arrest history,
timelines
Probation Violations
Placements

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General Description of Client					
<p>Hygiene</p> <input type="checkbox"/> Clean <input type="checkbox"/> Disheveled <input type="checkbox"/> Dirty <input type="checkbox"/> Odorous	<p>Attire</p> <input type="checkbox"/> Appropriate <input type="checkbox"/> Careless <input type="checkbox"/> Bizarre <input type="checkbox"/> Gang <input type="checkbox"/> Other	<p>Nutrition/Build</p> <input type="checkbox"/> Normal <input type="checkbox"/> Thin <input type="checkbox"/> Heavy <input type="checkbox"/> Obese <input type="checkbox"/> Pre pubertal <input type="checkbox"/> Post pubertal	<p>Comments:</p>		
Behavior					
<p>Eye Contact</p> <input type="checkbox"/> Appropriate <input type="checkbox"/> Little <input type="checkbox"/> Erratic <input type="checkbox"/> Piercing <input type="checkbox"/> None	<p>Relatedness to Caretaker</p> <input type="checkbox"/> Appropriate <input type="checkbox"/> Clinging <input type="checkbox"/> Defiant <input type="checkbox"/> Disobedient <input type="checkbox"/> Bossy <input type="checkbox"/> Not observed	<p>Behavioral Disturbances</p> <input type="checkbox"/> None apparent <input type="checkbox"/> Aggressive <input type="checkbox"/> Violent <input type="checkbox"/> Destructive <input type="checkbox"/> Self-destructive <input type="checkbox"/> Poor impulse control <input type="checkbox"/> Manipulative <input type="checkbox"/> Intrusive <input type="checkbox"/> Demanding <input type="checkbox"/> Demeaning <input type="checkbox"/> Uncooperative <input type="checkbox"/> Passive <input type="checkbox"/> Not motivated <input type="checkbox"/> Isolative <input type="checkbox"/> Avoidant	<p>Speech/Language</p> <input type="checkbox"/> Spontaneous <input type="checkbox"/> Normal volume <input type="checkbox"/> Loud volume <input type="checkbox"/> Soft volume <input type="checkbox"/> Responds only to ?'s <input type="checkbox"/> Mute <input type="checkbox"/> No receptive language <input type="checkbox"/> Hyper verbal <input type="checkbox"/> Articulation defects <input type="checkbox"/> Slurred <input type="checkbox"/> Pressured <input type="checkbox"/> Echolalia <input type="checkbox"/> Bizarre utterances <input type="checkbox"/> Other	<p>Comments:</p>	
<p>Gross Motor</p> <input type="checkbox"/> Intact <input type="checkbox"/> Impaired	<p>Response to Examiner</p> <input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Indifferent <input type="checkbox"/> Anxious <input type="checkbox"/> Withdrawn <input type="checkbox"/> Seductive <input type="checkbox"/> Oppositional <input type="checkbox"/> Aggressive <input type="checkbox"/> Crying <input type="checkbox"/> Temper tantrum <input type="checkbox"/> Other	<p>Evasive Other Disturbances</p> <input type="checkbox"/> Disorganized <input type="checkbox"/> Bizarre <input type="checkbox"/> Compulsive <input type="checkbox"/> Ritualistic <input type="checkbox"/> Silly <input type="checkbox"/> Excessive crying			
<p>Fine Motor</p> <input type="checkbox"/> Intact <input type="checkbox"/> Impaired					
<p>Activity</p> <input type="checkbox"/> Average <input type="checkbox"/> Hyperactive <input type="checkbox"/> Hypoactive <input type="checkbox"/> Fidgety <input type="checkbox"/> Lethargic <input type="checkbox"/> Mannerisms <input type="checkbox"/> Tics					
Thought Content					
<p>Suicidal</p> <input type="checkbox"/> No <input type="checkbox"/> Thoughts <input type="checkbox"/> Plan <input type="checkbox"/> Recent attempt Describe thoughts or attempt:	<p>Homicidal</p> <input type="checkbox"/> No <input type="checkbox"/> Thoughts <input type="checkbox"/> Plan <input type="checkbox"/> Recent attempt Describe thoughts or attempt:	<p>Content</p> <input type="checkbox"/> Appropriate <input type="checkbox"/> Fears <input type="checkbox"/> Worries <input type="checkbox"/> Bizarre ideation <input type="checkbox"/> Excessive worry <input type="checkbox"/> Delusions <input type="checkbox"/> Persecutory <input type="checkbox"/> Grandiose <input type="checkbox"/> Paranoid <input type="checkbox"/> Religious <input type="checkbox"/> Somatic <input type="checkbox"/> Thought broadcasting <input type="checkbox"/> Hallucinations <input type="checkbox"/> Auditory <input type="checkbox"/> Visual Describe delusions or hallucinations:	<p>Attention/Concentration</p> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not determined	<p>Comments:</p>	
			<p>Distractibility</p> <input type="checkbox"/> Age appropriate <input type="checkbox"/> Highly distractible		
			<p>Process</p> <input type="checkbox"/> Goal directed <input type="checkbox"/> Magical thinking <input type="checkbox"/> Circumstantial <input type="checkbox"/> Loose associations <input type="checkbox"/> Flight of ideas <input type="checkbox"/> Rumination <input type="checkbox"/> Planning <input type="checkbox"/> Evasive		
			<p>Judgment</p> <input type="checkbox"/> Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
Cognition			Affect and Mood		
<p>Insight</p> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<p>Memory</p> <input type="checkbox"/> Unimpaired <input type="checkbox"/> Impaired <input type="checkbox"/> Immediate <input type="checkbox"/> Recent <input type="checkbox"/> Remote <input type="checkbox"/> Amnesia	<p>Orientation</p> <input type="checkbox"/> Oriented <input type="checkbox"/> Disoriented <input type="checkbox"/> Time <input type="checkbox"/> Place <input type="checkbox"/> Person <input type="checkbox"/> Purpose	<p>Comments:</p>	<p>Comments:</p> <input type="checkbox"/> Normal <input type="checkbox"/> Restricted <input type="checkbox"/> Blunted <input type="checkbox"/> Flat <input type="checkbox"/> Inappropriate <input type="checkbox"/> Labile <input type="checkbox"/> Expansive	<p>Comments:</p> <input type="checkbox"/> Euthymic <input type="checkbox"/> Sad <input type="checkbox"/> Tearful <input type="checkbox"/> Fearful <input type="checkbox"/> Anxious <input type="checkbox"/> Irritable <input type="checkbox"/> Angry <input type="checkbox"/> Silly <input type="checkbox"/> Euphoric

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Summary and Diagnosis

I. Diagnostic Summary: (Includes justification for diagnosis)

II. Admission Diagnosis (check one Principle and one Secondary)

Axis I Prin Sec Code _____ Nomenclature _____
(Medications cannot be prescribed with a deferred diagnosis)

Sec Code _____ Nomenclature _____
Code _____ Nomenclature _____
Code _____ Nomenclature _____
Code _____ Nomenclature _____

Axis II Prin Sec Code _____ Nomenclature _____
 Sec Code _____ Nomenclature _____
Code _____ Nomenclature _____

Axis III _____ Code _____
_____ Code _____
_____ Code _____

Axis IV Psychological and Environmental Problems which may affect diagnosis, treatment, or prognosis

Check as many that apply:

- 1. Primary support group
- 2. Social environment
- 3. Educational
- 4. Occupational
- 5. Housing
- 6. Economics
- 7. Access to health care
- 8. Interaction with legal system
- 9. Other psychosocial/environmental
- 10. Inadequate information

Axis V Current GAF: _____ DMH Dual Diagnosis Code: _____

III. Disposition/Recommendations/Plan:

IV. Signatures

Assessor's Signature & Discipline

Date

Co-Signature (if required) & Discipline

Date

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