

Admit Date: _____

Identifying Information & Special Service Needs

<p style="text-align: center;">Child</p> <p>Name: _____ DOB: _____ Age: _____ Other Names Used: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity: _____ Preferred Language: _____ Referred by (Name & Number): _____</p>	<p style="text-align: center;">Agency of Primary Responsibility</p> <p>Refer to "MH 525: Contact Information" form for detailed contact information. <input type="checkbox"/> DMH <input type="checkbox"/> DCFS <input type="checkbox"/> Probation <input type="checkbox"/> School District <input type="checkbox"/> Others _____</p>
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Biological Parents	
<p>Mother's Name: _____ Marital Status: _____ DOB: _____ Address: _____ Phone: _____ Work: _____ Preferred Language: _____ Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Used for Interview: _____</p>	<p>Father's Name: _____ Marital Status: _____ DOB: _____ Address: _____ Phone: _____ Work: _____ Preferred Language: _____ Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used: <input type="checkbox"/> Yes <input type="checkbox"/> No Language Used for Interview: _____</p>

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

Adoptive Guardian Foster Kinship/Relative Group Home Other

Name: _____ Relationship to Child: _____ DOB: _____
 Address: _____
 Marital Status: _____ Phone: _____ Work: _____
 Preferred Language: _____ Language Used for Interview: _____ Interpreter Used: Yes No

Cultural Considerations, specify: _____
 Physically challenged (wheelchair, hearing, visual, etc.) specify: _____
 Access issues (transportation, hours), specify: _____

Reason for Referral/Chief Complaint

<p>Why Referred?</p> <p>Current primary symptoms/behaviors impairments in life functioning</p> <p>Describe onset, duration, and frequency</p> <p>Strengths of child and family: Athletics, Clubs Affiliations, Social, Personal, Relational</p>	
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Medical and Psychiatric History

History of Presenting Problem

Symptoms/Behaviors

How a problem

Caregiver perception of cause

Attempted interventions and responses

Relevant Factors

Environment

(School/Home)

Relationships

(Loss/Separation)

Traumatic Events

Sexual/physical/emotional abuse

Sleep Patterns

Eating Patterns

Hygiene Changes

Problem suggestive of:

MR

LD

PDD

ADD & Disruptive Behavior

Feeding & Eating

Tic

Communication

Elimination

Other

Schiz/Psychotic

Mood

Anxiety

Additional Problem Areas/Associated Behaviors

Peer Problems

Other

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Medical and Psychiatric History (continued)

Prior Mental Health History

Suicidality/Homicidality
of attempts, method,
access to lethal means
Interventions
When
Facility (Name or Type)
Type of intervention
Duration
Medication: dosage
response, adverse
reactions
Recommendations
Response to treatment
Parent and Child
Satisfaction

Records requested from: _____

Substance Risks, Use & Attitudes/Exposure (family & peers experience)

Child under the age of 11 AND substance use screening not required based on clinical judgment

“MH554 -Co-Occurring Substance Use Child Screening Instrument”

1. Were any of the questions checked “Yes”? Yes No If yes, complete MH 553*

“MH552 -Parent/Caregiver Questionnaire”

1. Were any risk factors identified based on clinical judgment? Yes No If yes, complete MH 553*

How is mental health impacted by substance use (clinician’s perspective)? Must be completed if any services will be directed towards Substance Use/Abuse.

* MH 553 “Supplemental Co-Occurring Disorders Assessment” completed on: _____

Medical History

Pediatrician Name: _____ Phone: _____

Last Exam: _____ Glasses: Yes No Braces: Yes No

Sensory/Motor Impairment: Yes No If yes, explain: _____

Records requested from: _____

Illness (Acute/Chronic)
Medications
Allergies
Accidents
Head Injuries
Seizure/other neurological
Pregnancy
Sexually Transmitted
diseases
HIV
Vaccinations
Hospitalizations/Surgeries
Vision/Hearing
Dental Health

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Medical and Psychiatric History (continued)

Developmental History

Neonatal: Prenatal Care? _____ Term: Mos. _____ Birth Wt _____
 Place of Delivery: _____ Age of Mother: _____ Age of Father: _____ Marital Status: _____
 Did Mother use alcohol, cigarettes, drugs? Specify: _____
 Illness, accidents, stresses during pregnancy or at the time of pregnancy: _____
 Type of Delivery: _____ Duration of Labor: _____
 Post Partum complications: _____
 Comments (include family and environmental stressors during pregnancy and at birth): _____

Developmental Milestones
(Describe if not within normal limits)

Environmental Stressors

Moves; schools; losses of fam/friends, changes in fam composition; SES, lifestyle; exposure to fam conflict/violence; major illnesses; abuse; placements, etc.

Infancy (0-3)
 Motor – sit, crawl, walk
 Speech; Eat; Sleep
 Toilet training
 Coordination
 Temperament
 Separation
 Early Years (4-6)
 Social Adjustment
 Separation
 Sexual Behaviors
 Self-Care
 Latency (7-11)
 School adjustment
 Peer & adult relations/friends
 Interest/hobbies
 Impulse control
 Self-Care
 Adolescence (12-on)
 Separation/individ.
 Sexual orientation
 Sexual behavior
 Gender identity
 Relationships/Support Systems
 Independent funct.
 Moral development

Infancy (0-3)

 Early Years (4-6)

 Latency (7-11)

 Adolescence (12-on)

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Other Information

School History, Current Status & Aspirations

Type of School
Academic Performance
Grade Retention
School Changes:
 Age & Grade
Attitude/Behavior
Attendance/Tuancy
Suspension

School: _____ Grade Level: _____
Special Education: _____ Special Classes: _____
Current/Past IEP and Dates: _____
AB 3632: Yes No Services: _____

Vocational History, Current Status & Aspirations

Jobs
ILP Programs
Training
Job Related Problems
Career Interests

Juvenile Court (Delinquency) History

Arrests/Offenses
Tickets/Warnings
Probation/Stipulations
 Current/Prior
Incarceration
Placement

Child Abuse & Protective Services History

Nature of
 Allegations/Abuse
Age of occurrence
Offender
DCFS or Police
 Intervention
Dependency Court or
 Criminal Court action
Child Response
Parents response to
 disclosure
Placements and type
Services and type

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Current Living Situation	
<p>Be sure to address each bolded category below</p> <p>Family Composition Siblings Stepparents/others Grandparents Extended Family Ethnicity/Culture Education Occupation Socio-Economics Religious Affiliation</p> <p>Family History Medical Psychiatric Alcohol/Drug Legal/Criminal</p> <p>Family Relationships (current and intergenerational) Quality of attachment (attunement, balance & congruence) Disciplinary Style Conflict/Violence Problem Solving</p> <p>Family Strengths Clt/Fam perspective Writer's perspective</p> <p>Family Needs Clt/Fam perspective Writer's perspective</p>	<p><input type="checkbox"/> Biological <input type="checkbox"/> Adoptive <input type="checkbox"/> Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Kinship/Relative <input type="checkbox"/> Group Home <input type="checkbox"/> Other</p>

Child & Family/Significant Other Stated Needs & Expectations within the Context of their Culture	
<p>What are family members/child: Expecting of MH Expecting from interagency system Willing to contribute</p>	

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Relevant Past Living Situation (Complete only if client has had more than one Living Situation)

Be sure to address each **bolded** category below

Biological Adoptive Guardian Foster Kinship/Relative Group Home Other

Family Composition

Siblings
Stepparents/others
Grandparents
Extended Family
Ethnicity/Culture
Education
Occupation
Socio-Economics
Religious Affiliation

Family History

Medical
Psychiatric
Alcohol/Drug
Legal/Criminal

Family Relationships

(current and intergenerational)
Quality of attachment (attunement, balance & congruence)
Disciplinary Style
Conflict/Violence
Problem Solving

Family Strengths

Clt/Fam perspective
Writer's perspective

Family Needs

Clt/Fam perspective
Writer's perspective

Family/Child's Current Visitation & Involvement Plan and Schedule

(Complete only if client does not reside with family of origin)

What is the family's current court-ordered visitation plan?

Biological Parents
Stepparents/Siblings
Extended Family
Frequency of visits, length, need for monitoring
Engagement in child's assessment

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Mental Status

Provide a word picture of this child based on your observations.
Be sure to address relevant features from each **bolded** category in the left column.

- Appearance**
Dress, grooming, unusual physical characteristics

- Behavior**
Activity level, mannerisms, eye contact, manner of relating to parent/therapist, motor behavior, aggression, impulsivity

- Expressive Speech**
Fluency, pressure, impediment, volume

- Thought Content**
Fears, worries, preoccupations, obsessions, delusions, hallucinations

- Thought Process**
Attention, concentration, distractibility, magical thinking, coherency of associations, flight of ideas, rumination, defenses (e.g. planning)

- Cognition**
Orientation, vocabulary, abstraction, intelligence

- Mood/Affect**
Depression, agitation, anxiety, hostility absent or unvarying, irritability

- Suicidality/Homicidality**
Thoughts, behavior, stated intent, risks to self or others, access to lethal means

- Attitude/Insight/Strengths**
Adaptive capacity, strengths & assets, cooperation, insight, judgment, motivation for treatment.

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Summary and Diagnosis

I. Diagnostic Summary: (Be sure to include assessment for risk of suicidal/homicidal behaviors, significant strengths/weaknesses, observations/descriptions, symptoms/impairments in life functioning i.e. Work, School, Home, Community, Living Arrangements, etc)

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

Primary Problem #: ____

Check as many that apply:

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

Axis V Current GAF: _____ DMH Dual Diagnosis Code: _____
Above diagnosis from: _____ Dated: _____

III. Disposition/Recommendations/Plan:

IV. Signatures

Assessor's Signature & Discipline Date Co-Signature & Discipline Date

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