**Child’s Name: Parent Name: D.O.B.**

**Date: Time: Sex: Race: Client ID:**

**Address: Grade: \_\_\_\_ Special Ed?**

**Reason for Evaluation/Chief Complaint (**ADHD, depression, anxiety, PTSD, oppositional, aggression, etc**.):**

**History of Present Concern/Issues:**

**Precipitating Events/Current Stressors:**

**Sleeping Habit (**insomnia, amt. of hours per night**):**

**Eating Habit (**appetite, weight changes, etc.):

**Legal History (**arrests, convictions, probation, etc**):**

**Education (**highest grade completed, academic performance, acad/career aspiration, etc**.):**

**Employment History (**employed, unemployed/disabled/work history issues**):**

**Family (**parents, siblings, children-identify ages and sex**):**

**Relevant Medical History (**incl. dev. milestone, present/past medical problems, has primary MD **):**

**Psychiatric History (**identify where, when and reason for each occurrence**):**

**Psychotropic and other Medications (**list each and dosage/frequency**):**

**Family Psychiatric/Medical History (identify condition and family member who exp. condition):**

**Social Involvement (**lack 0ffriends, conflict w/peers, victimization, rejection, recent death/loss, support people, self care, acquaintances betrayals, loss of trust, etc**.);**

**Religious Affiliation/Spiritual Belief (**incl. beliefs in counseling?**):**

**Substance Use/Abuse History (**for each list method of use, frequency/quantity used, current usage, & last used**):**

**Substance Abuse Treatment History (**identify where, when and reason for each occurrence**):**

**Impact of Substance Use/Abuse (**family, friends, school, legal difficulties, health, finances**):**

**Acting Out Behaviors -** suicidal ideation/gestures; homicidal ideation/gestures; assaultive behaviors; self-mutilating behaviors; and sexual acting out behaviors **(ID if past/present and comment on each):**

**School Related Problems:**

\_\_ Difficulty completing class work \_\_ Refusal to do homework (HW) \_\_ Poor attention span \_\_ Disruptive classroom behaviors \_\_ Conflicts w/teacher \_\_ Conflicts w/peers \_\_ Isolation/withdrawal \_\_ Profanity in school \_\_ Violation of school rules \_\_ Poor school attendance \_\_ Pattern of suspensions \_\_ Expulsion from school \_\_ Angry outbursts/tantrums \_\_ Destruction of school property \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**History of Trauma or Abuse (Abuse History**-identify offender, allegation, frequency, duration, was there dcf or legal involvement?, disclosure chain, parent/caretaker’s reaction toward allegation, client’s reaction towards abuse; **family** separation/divorce, chaos, moves, cultural & religious upbringing, language issues, development history/timeline, family structure, peer relations, situation/events leading to humiliation, shame despair, losses, etc**.):**

**General Problems:**

**\_\_** Change in appetite \_\_ Poor Concentration \_\_Depression \_\_Cruelty to animals \_\_ Hallucinations/Delusions

**\_\_** Fire Setting \_\_ Enuresis (wetting self) \_\_ Encopresis (soiling self) \_\_ Lying \_\_ Stealing \_\_ Hyperactivity

\_\_ Poor Peer relations \_\_Fighting w/Siblings \_\_ Fighting w/Parents \_\_ Difficulty w/Authority \_\_ Bullying

**Does your Parent or other caregiver or girl/boyfriend:**

Hurt you physically? Insult or talk down to you? Threatens you with harm? Screams or curse at you? Restrained/pushed/confined or injured you? Leave injury marks on your body?

**With your caretaker or parent or girl/boyfriend, have you ever:**

Hurt them physically? Insult or talk down to them? Threatens them with harm? Screams or curse at them? Restrained/pushed/confined or injured them? Leave injury mark on their body?

**In the past 2 weeks have you ever felt:**

So sad you feel like hurting yourself Like hurting or killing someone else? Like you no longer want to be here Feel hopeless about the future Have you ever attempted suicide or had thoughts about taking your life? Things would be better if you were dead?

**Behavioral Observations** (attitude toward change; method of decision-making; social skills; life skills):

**FINDINGS:**

\_\_\_\_\_ **Suicide** Ideation/intention/threat/plan/attempt

\_\_\_\_\_ **Homicidal** Ideation/intention/threat/plan/attempt

\_\_\_\_\_ **Mood Dysfunction** \_\_\_\_\_ **Substance Related** (check all that apply below) (check all that apply belowe)

 **\_\_ Depression \_\_Withdrawal**

 **\_\_ Anxiety /Panic \_\_ Agitation**

 **\_\_ PTSD \_\_ Denial**

 **\_\_ Obsessive/Compulsive \_\_ Impulse Problems**

 **\_\_ Hallucinations \_\_ Other High Risk Behaviors\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Summary of Findings:**

**DSM DIAGNOSTIC IMPRESSION:**

**Axis I:**

**Axis II:**

**Axis III:**

**Axis IV:**

**Axis V: GAF= (current) \_\_\_\_\_\_\_ Past \_\_\_\_\_\_\_**

**RECOMMENDATIONS:**

 \_\_\_\_ Individual Psychotherapy \_\_\_\_ Psychiatric Evaluation \_\_\_\_ Substance Abuse Counseling

 \_\_\_\_ Group Therapy \_\_\_\_ Medication Management \_\_\_\_ Relapse Prevention

 \_\_\_\_ Family Therapy \_\_\_\_ Case Management \_\_\_\_ Substance Abuse Education

 \_\_\_\_ Psycho-education \_\_\_\_ Nutrition Management \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_ Referral to Community Resource (name resource)

 \_\_\_\_ Other

 \_\_\_\_\_\_\_\_

 **ANDREA GARWOOD M.A. Date**

**Licensed Mental Health Counselor**