DHS-5704A-ENG 6-09

Children's Mental Health

Child/Adolescent Diagnostic Assessment (TO BE COMPLETED BY PARENT/CAREGIVER)

PART 1 – Please provide the following information in preparation your interview with your mental health clinician.

DATE

CHILD NAME (FIRST, MI, LAST)	CLIENT NUMBER	REFERRAL SOURCE

REASON FOR REFERRAL

Living situation

Parent's Home	Residential Care/Treatment Facility**		Other**	
☐ RENT	☐ HOSPITAL	☐ TEMPORARY HOUSING	☐ FRIEND'S HOME	☐ RELATIVE/GUARDIAN'S HOME
☐ OWN	☐ RESIDENTIAL CARE	☐ NURSING HOME	☐ HOMELESS	

**IDENTIFY PERSON'S NAME OR FACILITY

Primary Household					
Household member name	Relationship to child	Age	Occupation/School	Highest level of education	Quality of relationship

STREET ADDRESS (If different from child's address listed on Demographic Information form.)

Does the client live in more than one household?

☐ **NO** If no, skip to "Additional Family Members" ☐ **YES** If yes, complete the secondary household information below.

Secondary Household					
Household member name	Relationship to child	Age	Occupation/School	Highest level of education	Quality of relationship

STREET ADDRESS (If different from child's address listed on Demographic Information form.)

Family members who live in both households

☐ ONLY CHILD

☐ CHILD and (list):

Additional family members

☐ NO, parents or sibling other than those listed in primary or secondary households

☐ YES, list family members:

Custody and parenting plan

☐ LIVES WITH BOTH PARENTS (biological or adoptive) in same household

☐ SINGLE PARENT

☐ SHARED CUSTODY – parents in different households

☐ OTHER (describe):

Developmental issues

Have you ever had concerns about the following issues with this child?

Pregnancy	Yes	No	Unknown
Had bleeding during first three (3) months	☐	☐	☐
Had bleeding during second three (3) months	☐	☐	☐
Had bleeding during last three (3) months	☐	☐	☐
Had toxemia	☐	☐	☐
Had to take medications Specify any medication:	☐	☐	☐
Got injured or hurt	☐	☐	☐
Gained less than 15 lbs. (7 kgs.) Specify:	☐	☐	☐
Took narcotic drugs	☐	☐	☐
Drank alcohol	☐	☐	☐
Had an infection	☐	☐	☐

Smoked during pregnancy			
Length of pregnancy: ______ months			
Other pregnancy problems/illnesses Specify: ______________________			

Birth/Early Infancy	Yes	No	Unknown
Born prematurely			
Born with cord around neck			
Injured during birth			
Had trouble breathing			
Turned blue (cyanosis)			
Was a twin or triplet			
Had an infection			
Had seizures (fits, convulsions)			
Needed oxygen			
Was very jittery			

Childhood Health Issues	Yes	No	Unknown	If yes, age first noted	If yes, still occurring?
Seizures (convulsions) or spells					
High fevers (over 103° F. or 39° C.)					
Head injury					
Asthma					
Trouble with hearing					
Trouble with vision					
Lead poisoning					
Other poisoning or overdose					
Other serious illness					
Other hospitalizations					

Functioning	Yes	No	Unknown	If yes, age first noted	If yes, still occurring?
Poor appetite					
Constipation					
Stomach aches					
Trouble falling asleep					
Trouble staying asleep					
Overactivity					
Head banging					
Rocking in bed					
Temper tantrums					

Self-destructive behavior	☐	☐	☐		☐
Difficulty in being comforted or consoled	☐	☐	☐		☐
Stiffness or rigidity	☐	☐	☐		☐
Looseness or floppiness	☐	☐	☐		☐
Crying often and easily	☐	☐	☐		☐
Shyness with strangers	☐	☐	☐		☐
Irritability	☐	☐	☐		☐
Extreme reaction to noise or sudden movement	☐	☐	☐		☐

Attention problems	Yes	No	Unknown	If yes, age first noted	If yes, still occurring?
Can concentrate for only a short time unless things are very interesting	☐	☐	☐		☐
Understand the main ideas of things but misses important details	☐	☐	☐		☐
Does work or performs many tasks carelessly without thinking	☐	☐	☐		☐
Learns a new skill well one day and then can't seem to do it a few days later	☐	☐	☐		☐
Receives very unpredictable (inconsistent) grades or test scores in school	☐	☐	☐		☐
Can work well only on things he/she really enjoys doing or thinking about	☐	☐	☐		☐
Often doesn't notice when he/she makes mistakes	☐	☐	☐		☐
Seems not to realize when he/she is disturbing someone	☐	☐	☐		☐
Doesn't do much better after punishment or correction	☐	☐	☐		☐
Makes comments about or is distracted by background noises or unimportant things	☐	☐	☐		☐
Seems to want things right away and/or is hard to satisfy	☐	☐	☐		☐
Annoys or bothers other children	☐	☐	☐		☐
Behavior is variable and hard to predict	☐	☐	☐		☐
Is a troublemaker; bullies others	☐	☐	☐		☐

Behaviors	Yes	No	Unknown	If yes, age first noted	If yes, still occurring?
Has bad dreams	☐	☐	☐		☐
Is often very quiet or withdrawn	☐	☐	☐		☐
Is often "down" on himself/herself	☐	☐	☐		☐
Is often tired	☐	☐	☐		☐
Speaks unclearly, stutters, or stammers	☐	☐	☐		☐
Wets bed or pants often	☐	☐	☐		☐
Soils underwear or has accidents with bowel movements	☐	☐	☐		☐
Is often too neat or orderly	☐	☐	☐		☐
Is often too concerned about cleanliness	☐	☐	☐		☐

Often plays with matches	☐	☐	☐		☐
Destroys objects at home	☐	☐	☐		☐
Destroys objects away from home	☐	☐	☐		☐
Is fearless	☐	☐	☐		☐
Is cruel to animals	☐	☐	☐		☐
Is not liked by other children	☐	☐	☐		☐
Feels ill on school mornings	☐	☐	☐		☐
Has eating problems (either overeats or undereats)	☐	☐	☐		☐
Is preoccupied with food or diet	☐	☐	☐		☐
Is part of a clique or gang that causes trouble	☐	☐	☐		☐
Other behaviors not noted above	☐	☐	☐		☐
Have you ever had concerns about your child's early development (i.e. walking, talking, learning)?	☐	☐	☐		☐
Have you ever had concerns about your child's sexual development or behaviors?	☐	☐	☐		☐

IF THERE ARE INDICATIONS OF ISSUES, PLEASE EXPLAIN

Child's school functioning

Education classification

Does your child receive special education services? ☐ YES ☐ NO

If no, has your child ever been tested and determined not to need services? ☐ YES ☐ NO

Regular education classroom, no special services ☐ YES ☐ NO

If no, check all that apply below.

- ☐ Early Childhood Spec. Ed./Developmental Delay
- ☐ Special Learning Disability
- ☐ Hearing Impaired
- ☐ Visually Impaired
- ☐ Speech or Language Impaired
- ☐ Physically Impaired
- ☐ Emotional/Behavioral Disorder
- ☐ Developmental/Cognitive Disability
- ☐ Special learning disability
- ☐ Autism Spectrum Disorder
- ☐ Traumatic brain injury
- ☐ Other health impaired
- ☐ Unsure
- ☐ Current 504 plan
- ☐ Other:

COMMENTS ON EDUCATIONAL CLASSIFICATION

Child's legal history

Does your child have a history of legal charges? ☐ NO ☐ YES

IF YES, DESCRIBE CHARGES

Is the child currently on probation? ☐ NO ☐ YES

Has the child ever been on probation? ☐ NO ☐ YES

Has the child ever been court-ordered into chemical health or mental health treatment? ☐ NO ☐ YES

Child's trauma history

Children's Protective Services (CPS) involvement with family ☐ NO ☐ YES

IF YES, DESCRIBE

NAME OF CPS CASEWORKER(S) ASSIGNED TO FAMILY (IF APPLICABLE)

☐ NONE REPORTED

NAME OF GUARDIAN AD LITEM (GAL) OR COURT APPOINTED SPECIAL ADVOCATE (CASA) ASSIGNED TO FAMILY

☐ NONE REPORTED

Has your child ever experienced any of the following?

☐ Physical abuse ☐ Domestic violence/abuse ☐ Physical neglect ☐ Emotional abuse

☐ Sexual abuse/molestation ☐ Community violence ☐ None of the above

Child's mental health treatment history

Previous mental health treatment ☐ NO ☐ YES If yes, please list reason for treatment, and dates:

Reason	Dates

Currently on any medication(s)? ☐ NO ☐ YES

IF YES, PLEASE LIST AND BRING MEDICATIONS TO NEXT APPOINTMENT

PRIMARY CARE PHYSICIAN			PHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE
OTHER PRESCRIBING PHYSICIAN(S)			PHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE

Child's alcohol and drug history

Do you have any concerns about your child's use of alcohol or drugs? ☐ NO ☐ YES

Do you have any other issues or concerns about your child you would like to have addressed? ☐ NO ☐ YES

COMMENTS

Family Environment/Relationships

Please indicate below the best descriptions of parent-child relationships.

Parent-Child (Client) Relationship(s) P = Primary household S = Secondary household B = Both					
Parent-child conflict	____ NONE – MILD	____ MODERATE	____ SEVERE		
Issues with supervision and monitoring of child	____ ALWAYS	____ USUALLY	____ INCONSISTENTLY	____ RARELY	
Cooperation between parents regarding child-rearing	____ ALWAYS	____ USUALLY	____ INCONSISTENTLY	____ RARELY	____ NOT PERTINENT
Parent positive activities with child	____ FREQUENT	____ OCCASIONALLY	____ INFREQUENT		
Parent satisfaction with relationship	____ SATISFIED	____ NEUTRAL	____ DISSATISFIED		
Child satisfaction with relationship	____ SATISFIED	____ NEUTRAL	____ DISSATISFIED		

COMMENT ON PARENT-CHILD RELATIONSHIPS (describe further if needed)

Please indicate below the best descriptions of sibling-child relationships.

Sibling-Child (Client) Relationship(s) ☐ NO SIBLINGS P = Primary household S = Secondary household B = Both			
Child-sibling conflict	____ NONE – MILD	____ MODERATE	____ SEVERE
Sibling(s) positive activities with child	____ FREQUENT	____ OCCASIONAL	____ INFREQUENT
Sibling(s) satisfaction with relationship	____ SATISFIED	____ NEUTRAL	____ DISSATISFIED
Child satisfaction with relationship	____ SATISFIED	____ NEUTRAL	____ DISSATISFIED

COMMENT ON SIBLING-CHILD RELATIONSHIPS (describe further if needed)

Please indicate below the best descriptions of parent marital or couple relationships.

Parent Marital or Couple Relationship(s) ☐ NOT APPLICABLE	**P** = Primary household	**S** = Secondary household	**B** = Both
Marital or couples conflict	____ NONE – MILD	____ MODERATE	____ SEVERE
Marital or couples satisfaction	____ SATISFIED	____ NEUTRAL	____ DISSATISFIED

COMMENT ON PARENT MARITAL OR COUPLES RELATIONSHIPS (describe further if needed)

Other Family Concerns			If yes, indicate:		
	No	Yes	Parent	Sibling	Other
Family member health problems	☐	☐			
Family member disability	☐	☐			
Family member legal issues	☐	☐			
Family financial concerns	☐	☐			
Family member alcohol abuse	☐	☐			
Family member substance abuse	☐	☐			
Family member anxiety	☐	☐			
Family member depression	☐	☐			
Family member ADHD	☐	☐			
Family member mania	☐	☐			
Family member schizophrenia/other psychosis	☐	☐			
Significant family stressors (moves, deaths, divorce, loss of employment)	☐	☐			

COMMENT ON OTHER FAMILY CONCERNS AND INFORMATION RELATING TO FINANCIAL STATUS (Specify problems that impact child's needs.)