

Child/Adolescent INITIAL ASSESSMENT

Child Name: _____ Date: _____

Others in attendance: _____

Child's DOB: _____ Age: _____ Gender: ___ Preferred phone number: _____

School and Grade: _____ Child cell phone: _____

1. What brings you here today?

2. Any previous counseling? If yes, where and when.

3. Family

Who is in your family? Parents/siblings/grandparents. Names and ages. Indicate if deceased

4. Health

Last physical exam _____ Doctor's name _____

Medical history (illnesses, accidents, medications, current health status)

Any developmental delays?

Pregnancy/birth problems? Smoking, alcohol or drug use during pregnancy?

Is your child on any Medications?

Does your child use alcohol?

Cigarettes?

Drugs?

Family health history:

Family mental health history (depression, anxiety, ADHD, suicide, etc):

5. Personal

Any changes or losses in your child's life?

Child's Employment history:

Highest education level: Grades: Any school issues?

Does your child have an IEP (individual education program)?

School contact:

Any legal issues?

Has your child experienced or witnessed any abuse?: Yes or No. Physical, Emotional or Sexual

Has your child experienced any traumatic events? (tornadoes, violence, accidents)

Who/what is your child's support system?

What are your child's strengths?

What does your child do for fun?

What are the goals for coming here? What would you like to see change in your child's life?

Current Health Concerns: Please circle where you think your child may have a problem.

Headaches Depression Breathing Anger/Temper Circulation Frequent Mood Changes
Indecision Bowel Function Self Concept Tiredness Guilt Urinary Function Suicide Ideas
Sexuality Problems with Relatives Smoking Alcohol Use Memory Weight loss/gain
Interpersonal Relations Stomach Problems Menstrual Cycle Parenting Concerns School Problems
Work/Job Issues Marital Issues Phobias Concentration Attention Eating/Appetite Anxiety/Worry
Drug Use Chronic Pain Joint/Muscle Function Skin Condition Sleep Disturbance
Other _____

Anything else important for us to know in order to help you?