



CHILD/ADOLESCENT ASSESSMENT

Last Name: _____ First Name: _____ Date: _____

Date of Birth: _____ M / F _____ School / Grade: _____

Status of Parents: _____ Parent 1 _____ Parent 2 _____
Single Married Employer: Employer:
Partnered Widowed
Divorced Separated Position: Position:

Parent 1 Name: _____

Parent 2 Name: _____

Primary Address: _____ Apt#: _____ City/State: _____ Zip: _____

Cell Phone: () _____ Alternate Phone (Home / Work): () _____

Name of Emergency Contact: _____ Relationship: _____ Phone: () _____

Probation officer, if applicable: _____ Phone: () _____

CSB caseworker, if applicable: _____ Phone: () _____

Attorney, if applicable: _____ Phone: () _____

Who referred you, or how did you hear about us?		May we acknowledge the referral and thank them? Yes _____ No _____
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PERSONAL HISTORY

Child living with: _____
(Name & Relationship)

List Siblings Names:	Age	M / F	Child living with:
1.			
2.			
3.			
4.			

Visitation/Legal issues, if applicable: _____

PSYCHO-SOCIAL HISTORY

Current Problems: _____

Symptoms: _____

History of Problems: _____

Stressors: _____

Risk Behavior: _____

STRENGTHS/PERSONAL INTERESTS/HOBBIES

HISTORY OF PSYCHOLOGICAL/PSYCHIATRIC TREATMENT (Check if applicable):

In-Patient: Number of times: _____ Last In-Patient Date: _____
Reason: _____

Out-Patient: Number of previous therapists: _____
Reason: _____
Outcome: _____

Most recent therapist/physician: _____

How long: _____ Last visit: _____ Diagnosis: _____

Other current treatment: _____

FAMILY HISTORY OF PSYCHOLOGICAL TREATMENT

- 1. _____ (relationship) Dx: _____
- 2. _____ (relationship) Dx: _____

MEDICAL HISTORY

Current Medications:

- 1. _____ Dosage: _____ Duration of use: _____ For: _____
- 2. _____ Dosage: _____ Duration of use: _____ For: _____
- 3. _____ Dosage: _____ Duration of use: _____ For: _____

Prescribing Physician: _____

Medical history over last five years: _____

Developmental History: _____

Allergies: _____

History of Suicidal Ideation / Attempts _____

History of Violent Behavior: _____

History of Substance Use:

Alcohol: _____

Other Drugs: _____

Previous Treatment for Chemical Abuse: _____ How many times: _____

Where: _____ When: _____ Completion: _____

Currently attending "12-Step Group": AA NA CA SA

Currently in treatment: Yes / No Where: _____

ARREST RECORD

HISTORY OF ABUSE

Was the child physically, sexually or emotionally abused or neglected? Yes / No

1. Abused by whom? _____ Your age: _____ Their age: _____

Reported? _____ If yes, to whom? _____ When? _____

Circumstances? _____

2. Abused by whom? _____ Your age: _____ Their age: _____

Reported? _____ If yes, to whom? _____ When? _____

Circumstances? _____

3. Abused by whom? _____ Your age: _____ Their age: _____

Reported? _____ If yes, to whom? _____ When? _____

Circumstances? _____

FAMILY HISTORY:

FAMILY IMMIGRATION HISTORY, IF APPLICABLE:

SCHOOL HISTORY:

SOCIAL HISTORY

Peer relationships: _____

Gang affiliation? (Yes/No)