



A Licensed Clinical Social Worker Corporation

**CHILD/ADOLESCENT ASSESSMENT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M / F \_\_\_\_\_ School / Grade: \_\_\_\_\_

Status of Parents:	<u>Parent 1</u>	<u>Parent 2</u>
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: (    ) \_\_\_\_\_

<b>Who referred you, or how did you hear about us?</b>		<b>May we acknowledge the referral and thank them? Yes _____ No _____</b>
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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)