

**INNOVATIVE COUNSELING SERVICES**

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**CHILD/ADOLESCENT CLINICAL ASSESSMENT**

NAME \_\_\_\_\_ INFORMANTS \_\_\_\_\_  
AGE \_\_\_\_\_ INTERVIEWER \_\_\_\_\_  
BIRTH DATE \_\_\_\_\_ REFERRAL SOURCE \_\_\_\_\_  
GRADE PLACEMENT \_\_\_\_\_ DATE OF INTERVIEW \_\_\_\_\_  
SCHOOL \_\_\_\_\_ PAYOR \_\_\_\_\_ PCP \_\_\_\_\_

**REASON FOR REFERRAL:**

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

**PARENTAL/CLIENT OBJECTIVES:**

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

**DEVELOPMENTAL HISTORY:**

Any problems with pregnancy or delivery? Yes \_\_\_\_\_ No \_\_\_\_\_

Comments \_\_\_\_\_

At what age did (s)he sit up? \_\_\_\_\_ At what age did (s)he crawl? \_\_\_\_\_

At what age did (s)he walk? \_\_\_\_\_ At what age did (s)he speak? \_\_\_\_\_

At what age was (s)he toilet trained? \_\_\_\_\_

**MEDICAL HISTORY:**

General Health      Good \_\_\_\_\_      Fair \_\_\_\_\_      Poor \_\_\_\_\_

Hearing \_\_\_\_\_      Good \_\_\_\_\_      Fair \_\_\_\_\_      Poor \_\_\_\_\_

Vision      Good \_\_\_\_\_      Fair \_\_\_\_\_      Poor \_\_\_\_\_

Motor Coordination      Good \_\_\_\_\_      Fair \_\_\_\_\_      Poor \_\_\_\_\_

Speech      Good \_\_\_\_\_      Fair \_\_\_\_\_      Poor \_\_\_\_\_

Comments: \_\_\_\_\_

Chronic Health Problems?      Yes \_\_\_\_\_      No \_\_\_\_\_      If yes, explain \_\_\_\_\_

Any history of accidents?      Yes \_\_\_\_\_      No \_\_\_\_\_      If yes, explain \_\_\_\_\_

Any history of surgery?      Yes \_\_\_\_\_      No \_\_\_\_\_      If yes, explain \_\_\_\_\_

Current problems with any of the following:

Bladder Control      Yes \_\_\_\_\_      No \_\_\_\_\_      Comments: \_\_\_\_\_

Bowel Control      Yes \_\_\_\_\_      No \_\_\_\_\_      Comments: \_\_\_\_\_

Sleep Yes \_\_\_\_\_ No \_\_\_\_\_ Comments:  
 Appetite/Weight Yes \_\_\_\_\_ No \_\_\_\_\_ Comments:  
 Menses Yes \_\_\_\_\_ No \_\_\_\_\_ Comments:

Any history of drug/alcohol use? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

Current substance abuse (type, frequency, age started)

\_\_\_\_\_

Past substance abuse (type, frequency, age started and stopped)

\_\_\_\_\_

Any history of physical/sexual/emotional abuse? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Any history of suicidal ideation, intent, or plan? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

### **TREATMENT HISTORY:**

	Yes	No	MH	D&A	Where	Admitted	Discharged
Outpatient	___	___	___	___	_____	_____	_____
Partial	___	___	___	___	_____	_____	_____
Inpatient	___	___	___	___	_____	_____	_____

Current Medication(s): \_\_\_\_\_

Prescribing Physician: \_\_\_\_\_

### **SCHOOL HISTORY:**

Summarize child's progress:

Preschool/Kindergarten \_\_\_\_\_

Grades 1 through 3 \_\_\_\_\_

Grades 4 through 6 \_\_\_\_\_

Grades 7 through 12 \_\_\_\_\_

Any history of psychological testing? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Any history of special class placement? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

Has the child ever been:

Suspended from school? Yes \_\_\_\_\_ No \_\_\_\_\_

Expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_

Retained? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what grade? \_\_\_\_\_

Grades on most recent report card (major subjects) \_\_\_\_\_

### **SOCIAL HISTORY:**

How does the child get along with his/her siblings?

Doesn't have any \_\_\_\_\_ Better than average \_\_\_\_\_

Average \_\_\_\_\_ Worse than average \_\_\_\_\_

How easily does the child make friends?

Easier than average \_\_\_\_\_ Average \_\_\_\_\_ Worse than average \_\_\_\_\_

Comments: \_\_\_\_\_

**CURRENT BEHAVIORAL CONCERNS:**

Primary Concerns: \_\_\_\_\_

Other Related Concerns: \_\_\_\_\_

What strategies have been implemented to address these problems?

Verbal reprimands \_\_\_\_\_ Time out (isolation) \_\_\_\_\_ Rewards \_\_\_\_\_

Removal of privileges \_\_\_\_\_ Physical punishment \_\_\_\_\_

Acquiescence of child \_\_\_\_\_ Avoidance of child \_\_\_\_\_

On the average, what percentage of the time does your child comply with initial commands?

0-20% \_\_\_\_\_ 20-40% \_\_\_\_\_ 40/60% \_\_\_\_\_ 60-80% \_\_\_\_\_ 80-100% \_\_\_\_\_

On the average, what percentage of the time does your child eventually comply with commands?

0-20% \_\_\_\_\_ 20-40% \_\_\_\_\_ 40/60% \_\_\_\_\_ 60-80% \_\_\_\_\_ 80-100% \_\_\_\_\_

To what extent are you and your spouse/partner consistent with respect to disciplinary strategies?

Most of the time \_\_\_\_\_ Some of the time \_\_\_\_\_ None of the time \_\_\_\_\_

Have any of these events happened in the past year?

Parents divorced or separated \_\_\_\_\_ Parent changed job \_\_\_\_\_

Family accident or illness \_\_\_\_\_ Death in family \_\_\_\_\_

Family financial problems \_\_\_\_\_ Changed schools \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**DIAGNOSTIC CRITERIA:**

Which of the following are considered to be a significant problem at the present time (0=No; 1=Yes)

Fidgets \_\_\_\_\_

Difficulty remaining seated \_\_\_\_\_

Easily distracted \_\_\_\_\_

Difficulty awaiting turn \_\_\_\_\_

Difficulty following instructions \_\_\_\_\_

Often blurts out answers to questions before they're completed \_\_\_\_\_

Difficulty sustaining attention \_\_\_\_\_

Difficulty playing quietly \_\_\_\_\_

Shifts from one activity to another \_\_\_\_\_

Often talks excessively \_\_\_\_\_

Often interrupts or intrudes on others \_\_\_\_\_

Often loses things \_\_\_\_\_

Often engages in physically dangerous activities \_\_\_\_\_

Often does not listen \_\_\_\_\_

TOTAL FOR ADHD = \_\_\_\_\_ (8 or more) Age began \_\_\_\_\_

Often loses temper \_\_\_\_\_

Often swears or uses obscene language \_\_\_\_\_

Often actively defies or refuses adult requests or rules \_\_\_\_\_

Often deliberately does things that annoy other people \_\_\_\_\_

Often blames others for own mistakes \_\_\_\_\_

Often argues with adults \_\_\_\_\_

Is often angry or resentful \_\_\_\_\_

Is often spiteful or vindictive \_\_\_\_\_

Is often touchy or easily annoyed by others \_\_\_\_\_

TOTAL FOR OPPOSITIONAL DEFIANT DISORDER= \_\_\_\_\_ (5 or more) Age began \_\_\_\_\_

Stolen without confrontation \_\_\_\_\_

Stolen with confrontation \_\_\_\_\_

Run away from home overnight at least twice \_\_\_\_\_

Often truant \_\_\_\_\_

Used a weapon in a fight \_\_\_\_\_

Often initiates physical fights \_\_\_\_\_

Forced someone else into sexual activity \_\_\_\_\_

Cruel to animals \_\_\_\_\_

Destroyed others' property \_\_\_\_\_

Physically cruel to people \_\_\_\_\_

Deliberate fire setting \_\_\_\_\_

Lies often \_\_\_\_\_

Breaking and entering \_\_\_\_\_

TOTAL FOR CONDUCT DISORDER: \_\_\_\_\_ (3 or more) Age began \_\_\_\_\_

Excessive distress in anticipation of separation from attachment figure \_\_\_\_\_

Excessive distress when separated from home or attachment figure \_\_\_\_\_

Persistent school refusal \_\_\_\_\_

Persistent refusal to sleep alone \_\_\_\_\_

Repeated nightmares re: separation \_\_\_\_\_

Somatic Complaints \_\_\_\_\_

Persistent avoidance of being alone \_\_\_\_\_

TOTAL FOR SEPARATION ANXIETY DISORDER = \_\_\_\_\_ (3 or more)

Unrealistic worry about future events \_\_\_\_\_

Somatic complaints \_\_\_\_\_

Unrealistic concern about appropriateness of past behavior \_\_\_\_\_

Unrealistic concern about competence \_\_\_\_\_

Marked inability to relax \_\_\_\_\_

Excessive need for reassurance \_\_\_\_\_

TOTAL FOR OVERANXIOUS DISORDER = \_\_\_\_\_ (4 or more)

Depressed or irritable mood for most of the day x 1 year \_\_\_\_\_

Poor appetite or overeating \_\_\_\_\_ Feelings of hopelessness \_\_\_\_\_

Low energy/fatigue \_\_\_\_\_ Insomnia \_\_\_\_\_

Poor concentration or difficulty making decisions \_\_\_\_\_

\*Never without symptoms for > 2 months over a 1-year period \_\_\_\_\_

TOTAL FOR DYSTHYMIA (except \*) = \_\_\_\_\_ (2 or more)

**MULTIAXIAL DIAGNOSTIC IMPRESSION (DSM-IV):**

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V: \_\_\_\_\_

**INITIAL TREATMENT PLAN:**

	<u>Problem</u>	<u>Expected Outcome</u>	<u>How Addressed</u>	<u>Progress Indicators</u>	<u>Target Date</u>
1.					
2.					
3.					
4.					
5.					

Client's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Next Appointment Date \_\_\_\_\_

Acknowledgement to referral source sent? Yes \_\_\_\_\_ No \_\_\_\_\_

Psychiatric consult needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Release signed and dated? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature

Reviewed by: \_\_\_\_\_

Date \_\_\_\_\_