

INNOVATIVE COUNSELING SERVICES

228 Broadway St. Hanover, PA 17332

PH: 888-821-2935

jeanpollack@emdrcoach.com

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 _____