1. Client Demographics -
Name:
Age:
Gender:
Race:

2. Referral Source -
Child Welfare:
Juvenile Justice:
Education:
Mental Health:
Corrections:
Other:

3. Presenting Concerns (that lead to referral) and Strengths-
Abuse:
Alcohol/Drugs:
Attention:
Behavior:
Danger (self/others):
Psychiatric Symptoms (anxiety, depression, etc.):
Disabilities/Challenges:
Family Relationships:
Legal:
Peers:
School:

**Note:** Domain areas assess the identified child only - except 'Family/Relationships.' Relevant information about family members should be included on page 4.
Psychological/Emotional

1. Mental Status (see checklist: Supplement I) –

What are the strengths?

Appearance:
- Well-groomed, appropriate, inappropriate, poor hygiene, disheveled, Gang oriented clothing, alcohol-drug-tobacco oriented clothing, other

Concentration:
- Good, limited, poor

Orientation:
- Person – self/others, place, purpose

Psychomotor:
- WNL, agitated, hyperactive, slowed, tics, other

Mood/Affect:
- Euthymic, appropriate to content, calm, cooperative, angry, anxious, Defensive, depressed, flat, labile, euphoric, suspicious, tense, Withdrawn, other

Thought Content/Process:
- Logical, sequential, goal directed, blocking, delusions, grandiose, Hallucinations, paranoia, perseveration, rapid, slowed, spontaneous, Tangential, other

Memory:
- Good, fair, poor

Remote Recall:
- Good, fair, poor

Estimated IQ:
- <Average, Average, >Average

Impulse Control:
- Good, fair, poor

Level of Consciousness:
- Alert, lethargic, other

Judgment:
- Good, fair, poor

Insight:
- Good, fair, poor

2. Treatment History –

What are the strengths?

Previous (with dates and provider names):
- Inpatient:
- Outpatient:
- Day Treatment:
- Residential:
- Group Home:
- Foster Care:
3. **Diagnostic Information in support of diagnosis (see checklist: Supplement II)** -
*What are the strengths?*

*Examples:*
- **ADHD** (i.e. fidgets, distracted, difficulty following directions, unable to stay on task, trouble remaining seated, etc.)
- **Major Depression** (i.e. irritable mood, sleep/appetite disturbance, suicidal ideation, depressed mood, feelings of worthlessness, fatigue etc.)
- **Bipolar Disorder** (i.e. mood disturbance, manic behavior, hypo manic behavior, depressive symptoms, and associated symptoms related to mania and depression per DSM IV).
- **Anxiety/PTSD** (i.e. physical/somatic symptoms, worrisome, fearful, obsessive, compulsive, recurrent dreams/flashbacks of traumatic event, etc.)
- **Oppositional Defiant Disorder** (i.e. defies adult requests, temper, arguments, resentful, blames others, swearing, etc.)
- **Conduct Disorder** (i.e. illegal activity, physically cruel to animals, fire setting, destruction of property, etc.)

4. **Global Assessment of Functioning Scale (CGAS for youth under 14)** -
*What are the strengths?*

Current Score:
History:
Description/Rationale (see scale):

5. **Traumatic Events** -
*What are the strengths?*

Abuse:
Deaths:
Incarcerations:
Other:

6. **Parental Concerns** -
*What are the strengths?*

Behavior:
Emotions:
Eating:
Sleeping
Toileting:
Other:

# Family/Relationships

## 1. Family – What are the strengths?

Marital Status:
- Significant others (paramour)
- Separations
- Divorces
- Marriages
- Widow/Widower
- Orientation

Siblings:
- Birth Order:

Extended Family (biological, non-biological):
- Adoptions:
- Out-of-home placements:
- Other Caregivers:
- Custody/Guardianship Arrangements:
- Living Situations:
- Family Functioning (ability to parent, substance abuse, legal, etc.):
- Health:

## 2. Other Significant Relationships (past and present) – What are the strengths?

Friends:
- Neighborhood:
- Community:

## 3. Sexual Activity – What are the strengths?

Current:
- History:
- Pregnancy:
- STD:
- Treatment:
- Safety:

## 4. Traumatic Events: What are the strengths?

Deaths:
- Incarcerations:
- Abuse:

**Note:** All relevant information about family members goes in this section.
5. Other Family Member Information (summarize life domain areas):
What are the strengths?

Safety/Crisis

1. Risks and Supports –
What are the Strengths?

Suicide:
Thoughts
Plans
Attempts
Supports available
When and how?

Homicide:
Thoughts
Plans
Attempts
Supports available
When and how?

Self-Mutilation:
Thoughts
Plans
Attempts
Supports available
When and how?

Aggressiveness:
Verbal
Physical
Property
Fire
Cruelty to Animals
Supports available
When and how?

Abuse:
Emotional
Verbal
Physical
Sexual
Rape
Domestic Violence
Neglect
Supports available
When and how?

Separation Issues and Neglect:
Supports available

Runaway:
Purpose
Destination
Duration
Dangerousness/Safety
How Returned
Crisis Involvement (YES)

2. Current Crisis Plans and Plans for Safety -
What are the Strengths?

Family Solutions:
System Supports:
Other:

Legal

1. Legal Involvement –
What are the strengths?

Probation (type):
Parole:
Incarceration:
Runaway:
DCS/CPS/CHINS:
Illegal activities:
Pending Charges:
Other:

Substance Use

1. Substances –
What are the strengths?

Substances (list):
Quantity:
Frequency:
Last Use:
Method:
Use Behaviors (where, with who, etc.):
Triggers:

2. Current/Previous Treatment History -
What are the Strengths?

Inpatient:
IOP:
Support groups (12step, AA, NA, etc.):
Other:

### Educational/Vocational

**1. Educational Status - What are the strengths?**

School and School District:
Special Education (category and type):
Other Educational Services:
Accommodations/Educational Supports:
Current Educational Performance:
IQ (if available from Psych/Ed Testing):

**2. Vocational Status - What are the strengths?**

Employment (current, history):
Vocational Education or Services:
Vocational Goals:
Vocational Skills:

### Health/Medical

**1. Health Conditions (vision, dental, physical, etc.) - What are the strengths?**

Current:
Previous:

**2. Medical Events: What are the strengths?**

Accidents:
Surgeries:
Emergency Procedures:

**3. Treatment: What are the strengths?**
Primary Care Physician:  
Psychiatrist:  
Dentist:  
Optometrist:  
Other Health Professional:  
Hospitals Used:  
Medications and Prescriber:  
Last Appointment:  

Home/Place to Live

1. **Home Environment** -  
   *What are the strengths?*

   Moves:  
   Recent Changes:  
   Placement:  
   Family House/Apartment:  
   Status and Impression:  
   Family Satisfaction:  

2. **Neighborhood** -  
   *What are the strengths?*

   Location:  
   Family Satisfaction:  

Daily Living

1. **Strengths** -

   Skills (age appropriate):  
   Abilities (age appropriate):  
   Resources (age appropriate):  
   Goals (age appropriate):  

2. **Needs** -

   Skills (age appropriate):  
   Abilities (age appropriate):  
   Resources (age appropriate):  
   Goals (age appropriate):
Cultural/Spiritual

1. Culture - What are the strengths?
   Ethnicity:
   Traditions (holidays, rituals, etc.):

2. Religion - What are the strengths?
   Affiliation:

3. Beliefs - What are the strengths?
   Spiritual:
   Cultural:
   Values:

4. Community Involvement - What are the strengths?
   Churches:
   Groups:
   Organizations:
   Other:

Financial

1. Medical Insurance - What are the strengths?
   Type:
   Status:

2. Financial Supports/Income - What are the strengths?
   Employment:
Child Support:
System Support (AAP, SSI, etc.):
Other:

Social/Recreational

1. **Youth Activities** -
   What are the strengths?
   - Fun:
   - Hobbies:

2. **Family Activities** -
   *What are the strengths?*
   - Fun:
   - Hobbies:

3. **Social Activities** –
   *What are the strengths?*
   - Home:
   - Neighborhood:
   - Community:
Supplement I : Mental Status Checklist

**Appearance:**
- well groomed
- appropriate
- inappropriate
- poor hygiene
- disheveled
- gang oriented clothing
- alcohol, drug, or tobacco oriented clothing
- other: ________________________________

**Concentration:**
- good
- limited
- poor

**Orientation:**
- person
- place
- purpose
- time

**Psychomotor:**
- WNL
- agitated
- hyperactive
- slowed
- tics
- other: ________________________________

**Mood/Affect:**
- appropriate to content
- calm
- cooperative
- angry
- anxious
- suspicious
- defensive
- depressed
- flat
- labile
- euphoric
- suspicious
- tense
- withdrawn
- other: ________________________________

**Thought Content/Process:**
- logical, sequential, goal directed
- blocking
- delusions
- grandiose
- hallucinations
- paranoia
- perseveration
- rapid
- slowed
- spontaneous
- tangential
- other: ________________________________

**Level of Consciousness:**
- alert
- lethargic
- other: ________________________________

**Short-Term Memory:**
- good
- fair
- poor

**Remote Recall:**
- good
- fair
- poor

**Estimated IQ:**
- below average
- average
- above average
- known IQ: __________ Assessor: ________________________________

**Impulse Control:**
- good
- fair
- poor

**Judgment:**
- good
- fair
- poor
Supplement II : Diagnostic Information Checklist

TRAUMA AND ANXIETY SYMPTOMS
  Sleep or Appetite disturbance:
  Worrisome:
  Fearful:
  Restless and/or Irritable
  Physical/somatic complaints (list):
  Obsessions (list):
  Compulsive behavior
  Recurrent recollection or dreams of traumatic event
  Flashbacks to traumatic event:
  Difficulty concentrating
  Intense psych stress at exposure to cues that symbolize traumatic event
  Duration = ______ months
  Evidence of traumatic event ________

ADHD
  Often fidgets/restless
  Difficulty remaining seated
  Easily distracted
  Difficulty awaiting turn in games or groups
  Often blurts out answers to questions
  Has difficulty following instructions from others
  Often shifts between incomplete activities
  Has difficulty playing quietly
  Often interrupts others
  Does not seem to listen
  Loses things
  Engages in physically dangerous activities
  Duration = ______ months

OPPOSITIONAL DEFIANT DISORDER
  Often loses temper
  Argues with adults
  Defies or refuses adult requests or rules
  Deliberately does things to annoy people
  Often blames others for his/her mistakes
  Touchy or easily annoyed by others
  Angry or resentful
  Spiteful/vindictive
  Swears or uses obscene language
  Duration = ______ months

MAJOR DEPRESSION
  Depressed mood
  Irritable mood
  Lack of interest/pleasure in activities
  Appetite disturbance
  Sleep disturbance
  Psychomotor agitation/retardation
  Fatigue or loss of energy
  Feelings of worthlessness
  Excessive/inappropriate guilt
  Difficulty concentrating
  Indecision
  Recurrent thoughts of death
  Suicidal ideation
  Duration = ______ months

CONDUCT DISORDER
  Aggressive to people/animals
  Destruction of property
  Theft or deceitfulness
  Serious violation of rules
  __probation
  __runaway
  __truancy
  __illegal activities
  Duration = ______ months

MENTAL RETARDATION:
  Mild: 50-55 to 70
  Moderate: 35-40 to 50-55
  Severe: 20-25 to 35-40
  Profound: below 20-25
  Borderline Intellectual Functioning: 71-84
  Suspected/Unknown/Need Testing