

UPPER VALLEY OUTPATIENT BEHAVIORAL HEALTH SERVICES

CHILD/ADOLESCENT MEDICAL HISTORY

Date: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

\_\_\_\_\_ SS#: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

**PRESENTING PROBLEM**

Why are you seeking treatment? \_\_\_\_\_

When did these problems begin? \_\_\_\_\_

Previous therapy history (when, where, who) \_\_\_\_\_

Parent's expectation of treatment \_\_\_\_\_

Child's Strengths \_\_\_\_\_

Child's Weaknesses \_\_\_\_\_

Learning/Communication Barriers (speech, hearing, vision, comprehension) \_\_\_\_\_

Preferred learning style: \_\_\_Written\_\_\_ Demonstration\_\_\_ Discussion\_\_\_ Video \_\_\_ Other\_\_\_\_\_

Any ethnic, religious, cultural or social issues that may interfere with treatment? \_\_\_\_\_

**PRESENTING BEHAVIORS**

CHECK ALL THAT APPLY

\_\_\_ Lying \_\_\_ Stealing \_\_\_ Impulsive \_\_\_ Defiant \_\_\_ Oppositional \_\_\_ Temper Outbursts \_\_\_ Mood Swings \_\_\_ Destructive

\_\_\_ Aggressive/Assaultive \_\_\_ Self Mutilates \_\_\_ Sexual Acting Out \_\_\_ Anxious \_\_\_ Shy \_\_\_ Sad \_\_\_ Depressed \_\_\_ Withdrawn

\_\_\_ Poor Self Esteem \_\_\_ Social Problems \_\_\_ Overly Sensitive \_\_\_ Overly Dependent \_\_\_ Negative \_\_\_ Hyperactive

\_\_\_ Poor Attention Span \_\_\_ Academic Problems \_\_\_ Extreme Fears/Phobias(please explain) \_\_\_\_\_

List any habits/obsessions/compulsions \_\_\_\_\_

Have there been any suicidal thoughts/plans/gestures (please explain) \_\_\_\_\_

Sleep problems? \_\_\_\_\_

Comments:

**FAMILY HISTORY**

List Family Members

NAME	AGE	RELATIONSHIP TO CHILD	LIVING IN HOME? IT NOT WHERE?	EDUCATIONAL LEVEL	OCCUPATION	EMPLOYED WHERE?

Parents married \_\_\_\_\_ # of years      Parents divorced \_\_\_\_\_ # of years      Parents remarried \_\_\_\_\_ Yes \_\_\_\_\_ No

Visitation Arrangements \_\_\_\_\_

Does anyone else provide care for your child? \_\_\_\_\_

Who does most of the disciplining and what method? \_\_\_\_\_

Child's response \_\_\_\_\_

**LIFE EVENTS AND CHILDS AGE**

- SCHOOL CHANGES \_\_\_\_\_
- MOVES \_\_\_\_\_
- LONG TERM ILLNESS IN FAMILY \_\_\_\_\_
- DEATH OF PEER/FAMILY MEMBER \_\_\_\_\_
- MARRIAGE PROBLEMS \_\_\_\_\_
- PHYSICAL/EMOTIONAL/SEXUAL ABUSE \_\_\_\_\_
- HISTORY OF MENTAL/EMOTIONAL ILLNESS IN FAMLY \_\_\_\_\_

COMMENTS:

**DEVELOPMENTAL**

Problems during the pregnancy, labor, delivery, birth \_\_\_\_\_

Birth Weight \_\_\_\_\_ # in the birth order \_\_\_\_\_ Any developmental delays? \_\_\_\_\_

At what age did your child do the following: Crawl \_\_\_\_\_ Walk \_\_\_\_\_ First Words \_\_\_\_\_ Feed Self \_\_\_\_\_ Toilet Trained \_\_\_\_\_

Current bowel/bladder problems \_\_\_\_\_

Describe interactions with peers-Preschool \_\_\_\_\_

Grade School \_\_\_\_\_

Junior High \_\_\_\_\_

High School \_\_\_\_\_

**NUTRITIONAL STATUS**

DOES YOUR CHILD	NEVER	SELDOM	USUALLY	ALWAYS	COMMENTS	DIETARY EVAL?
Eat three meals a day						
Drink soda/caffiene						
Eat junk food						
Eat food high in sugar						
Withhold food to lose weight						
Use laxatives or diet pills						

Do you believe your child has ever had an eating disorder? \_\_\_\_\_

Recent significant weight gain/loss? \_\_\_\_\_

Is your child sexually active?(Educational material needed?) \_\_\_\_\_

Is there any history of drug or alcohol use/abuse? \_\_\_\_\_

Has there been treatment required? (please explain, when/where) \_\_\_\_\_

Medical History reviewed by \_\_\_\_\_

**SOCIAL HISTORY**

Who does your child spend time with? \_\_\_\_\_

Does he/she have difficulty making/keeping friends? \_\_\_\_\_

Interests (activities, clubs, sports, etc) \_\_\_\_\_

**EDUCATION**

RELEASES NEEDED? SIGNED \_\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Repeated grades? \_\_\_\_\_ Grades are \_\_\_\_\_ Below average \_\_\_\_\_ Average \_\_\_\_\_ Above average

Special classes (SBH, LD, DH, IEP) \_\_\_\_\_

Problems reported (behavior, distractible, interrupts, social skills) \_\_\_\_\_

Recent decline in grades \_\_\_\_\_ Difficult Subjects \_\_\_\_\_

Psychological testing (when, where, results) \_\_\_\_\_

COMMENTS:

**LEGAL**

Current Charges \_\_\_\_\_

Court date pending? \_\_\_\_\_ PO \_\_\_\_\_

Probation history \_\_\_\_\_ House arrest \_\_\_\_\_

Has your child been in detention (when, why, how long?) \_\_\_\_\_

Have any other family members been arrested or had legal difficulties? \_\_\_\_\_

**EMPLOYMENT**

Present employment \_\_\_\_\_ Date of hire \_\_\_\_\_ Hours/week \_\_\_\_\_

Problems or concerns \_\_\_\_\_

Previous employment \_\_\_\_\_

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Brief Summary/Plan for Treatment

**DIAGNOSTIC IMPRESSION**

AXIS I:

AXIS II:

AXIS III:

AXIS IV: Psychosocial and environmental problems-Please check/specify:

\_\_\_\_\_ Problems with primary support group \_\_\_\_\_

\_\_\_\_\_ Problems related to the social environment \_\_\_\_\_

\_\_\_\_\_ Educational problems \_\_\_\_\_

\_\_\_\_\_ Occupational problems \_\_\_\_\_

\_\_\_\_\_ Housing problems \_\_\_\_\_

\_\_\_\_\_ Economic problems \_\_\_\_\_

\_\_\_\_\_ Problems with access to health care \_\_\_\_\_

\_\_\_\_\_ Problems related to interaction with the legal system/crime \_\_\_\_\_

\_\_\_\_\_ Other psychosocial and environmental problems \_\_\_\_\_

AXIS V:

**DISPOSITION/REFERRALS**

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_