YOUTH INFORMATION FORM – INTAKE ASSESSMENT

Evergreen Academy

Name: _____ Age: _____ DOB: _____

Form completed by: _____ Date: _____

Presenting Problems:

Please describe the problems for which you and your child are seeking help: _____

_____

_____

_____

_____

_____ How do these problems interfere with your daily life? _____

_____

_____

_____

Do these problems seem related to something that's happened in your child's life?
NO YES If YES, please describe: _____

_____

_____

About when did these problems start? _____

_____

Are there times when these problems seem less intense or more intense? NO YES
If YES, please describe: _____

_____

What would you like as the outcome of treatment? _____

_____

_____

Harm Concerns:

Does your child currently have thoughts of harming him/her self in any way? NO YES

In the past, has your child had thoughts of harming him/her self or attempted to harm him/her self in any way? NO YES

Does your child currently have thoughts of harming someone else in any way? NO YES

Does your child have a history of violence towards others? NO YES

Has your child ever been emotionally, physically, or sexually abused? NO YES

Mental Health and Substance Abuse Information for Client and Family:

Please list all previous outpatient and inpatient mental health or substance abuse treatment your child has received:

Name of Place	Location	Dates

Were there things that were especially helpful from any past treatment? NO YES
If YES, please describe: _____

Please list psychiatric medications your child took in the past but isn't taking now:

Name of Medication	Reason	Prescribed by	Dates

Please list any family history of mental health/substance abuse problems/treatment for grandparents, parents, uncles/aunts, and siblings: _____

Have friends or family members attempted or committed suicide? NO YES
If YES, please describe: _____

Alcohol, Drug, and Tobacco Use:

Does your child currently use alcohol? NO YES

Does your child currently use street drugs? NO YES

Has your child used alcohol in the past? NO YES

Has your child used street drugs in the past? NO YES

Does your child currently use tobacco? NO YES

Has your child used tobacco in the past? NO YES

Current Medical Information:

Please list any major physical illnesses or problems: _____

_____

Please list any drug allergies or adverse reactions to medications: _____

_____

Who is your child's primary care physician? When and why did s/he last see the physician? _____

_____

Please list all prescription medications s/he is currently taking:

Name of Medication	Purpose	Prescribed by

Psychosocial History:

Prenatal and Perinatal History:

Were there any problems with the pregnancy and/or delivery? NO YES

Was there any evidence of defect or injury at birth? NO YES

Were there any maternal health problems during the pregnancy? NO YES

Did any of the following occur for the mother during the pregnancy?

Tobacco use: NO YES

Alcohol use: NO YES

Street drug use: NO YES

Medication use: NO YES

Developmental Milestones:

Were there any noticeable delays in the child's learning to:

Walk: NO YES

Say single words: NO YES

Say 3-4 word sentences: NO YES

Use the toilet: NO YES

Current Living Situation and Background Information:

Biological parents: _____

_____

Current primary care giver(s):

Name	Relationship to child (biological parent, stepparent, adoptive parent, foster parent, other)

Brothers/sisters:

Name	Age	Gender	Relationship (full/half/step)	Currently lives with the child?

Previous caregiver(s): (if different from current caregivers)

Name	Relationship to child (biological parent, stepparent, adoptive parent, foster parent, other)

Places lived:

Location	Age	Primary caregiver(s)

Schools Attended:

Name/location	Grade level(s)

Current school: _____ Grade level: _____

Does your child receive special education services? NO YES
If YES, state the reason: _____

Does your child have problems:

With school subjects? NO YES

Getting along with other students? NO YES

Following school rules? NO YES

Does your child participate in school-sponsored activities? NO YES

Please describe your child's attitude towards school: _____

_____

Employment:

Is your child currently employed outside the home? NO YES

Place of employment: _____

Social and Leisure Activities:

Please describe your child's social relationships outside of school: _____

_____

Please list your child's favorite leisure activities: _____

_____

Please list social and community organizations to which your child belongs: _____

_____

Past and Current Legal Involvement:

Does your child have past legal convictions? NO YES

Is your child currently on probation or parole? NO YES

Does your child have pending legal charges? NO YES

Additional Information:

Please describe any additional information you feel is important to know: _____

_____

_____

_____

_____

_____

Preferences:

Day/Time: _____

Location: _____

Therapist: _____

AIMS:

Admission CSR Risk Factors:

Has there been a past known report of physical abuse? NO YES

Has there been a past known report of sexual abuse? NO YES

Has there been a past known report of neglect/emotional abuse? NO YES

Is there any known history of your child running away overnight? NO YES

Is there any known history of your child attempting to harm self? NO YES

Is there any known history of your child abusing alcohol/drugs? NO YES

Special Education Information:

Is your child identified on an IEP? NO YES
If YES, circle below all that apply, specific to the child's IEP:

1. MR/DD
2. Physical Disabilities
3. Emotional/Behavioral Disturbance
4. Gifted
5. Learning Disability

Is your child identified on a 504 school plan? NO YES

Average Academic Performances: (please circle)

1. Failing (F)/Unsatisfactory
2. Below Average (D)/Unsatisfactory
3. Average (C)/Satisfactory
4. Above Average (A or B)/Highly Satisfactory
5. Unknown/Not Applicable

Medicaid/KHS Registration:

Does your child have any health risks? NO YES

Does your child have any chronic illness? NO YES

Has your child had a visit/check-up with your primary care physician within the last 12 months? NO YES

Does your child get regular preventative health screens? NO YES