

# Therapy House

700 Villa Street - Racine, WI 53403 FAX (262)619-3263

## Child/Adolescent Assessment Profile

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

### **HISTORY OF PRESENT ILLNESS**

Was there a specific incident that occurred which led you to seek treatment? Yes\_\_\_ No\_\_\_  
If yes, please provide details:

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What behavior and/or mood changes, if any, have you noticed in your son/daughter lately?

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As well as you can remember, when did these changes take place?

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Have there been any major changes in your child's or your family's life circumstances lately?

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**PSYCHIATRIC HISTORY**

Has your child ever been hospitalized for a psychiatric illness? Yes\_\_\_ No\_\_\_  
If yes, when, where and for what?

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Have your child ever participated in outpatient counseling, or had any psychiatric or psychological evaluations? If yes, when, with whom, and for what? Yes\_\_\_ No\_\_\_

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If medication has been prescribed for your child, please list below:

<b><u>Medication</u></b>	<b><u>Prescribing Physician</u></b>	<b><u>Dates</u></b>	<b><u>Results</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ABUSE HISTORY**

To your knowledge, has your child ever been a victim of physical and/or sexual abuse?  
If yes, please explain: Yes\_\_\_ No\_\_\_

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**DRUG/ALCOHOL HISTORY**

Do you know or suspect your child of drug or alcohol use? Yes\_\_\_ No\_\_\_  
If yes, please list substance used and frequency, to the best of your knowledge:

<b><u>Drug/Alcohol</u></b>	<b><u>Frequency of Use</u></b>	<b><u>Amount</u></b>	<b><u>When Started</u></b>	<b><u>Last Use (Date)</u></b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Cigarette Use? Yes\_\_\_ No\_\_\_ If yes, how much? \_\_\_\_\_  
Caffeine Use? Yes\_\_\_ No\_\_\_ If yes, how much? \_\_\_\_\_

**LEGAL HISTORY**

Has your child ever had legal charges filed against him/her? Yes\_\_\_ No\_\_\_  
If yes, please list:

Year	Charges	Consequences

**FAMILY PSYCHIATRIC HISTORY**

It is sometimes helpful to trace mental health issues such as depression, anxiety, alcohol and other drug abuse, etc. over biological family lines. Has anyone in your immediate or extended family ever been hospitalized for a mental health issue? Yes\_\_\_ No\_\_\_  
If yes, please describe:

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Has anyone in your family been involved in outpatient counseling? Yes\_\_\_ No\_\_\_  
If yes, please describe:

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Does anyone in your immediate or extended family have a history of excessive drug or alcohol use?  
If yes, please describe: Yes\_\_\_ No\_\_\_

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Do you suspect that there have been or are any family members who experience undiagnosed or untreated mental health issues? If yes, please explain: Yes\_\_\_ No\_\_\_

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Has anyone in your immediate or extended family experienced a history of legal problems? If so, please describe: Yes\_\_\_ No\_\_\_

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**MEDICAL HISTORY**

Pediatrician/Primary Care Physican: \_\_\_\_\_

Allergies: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Medications: \_\_\_\_\_

Surgeries: \_\_\_\_\_

\_\_\_\_\_

Frequent Ear Infections: \_\_\_\_\_

Major Illnesses: \_\_\_\_\_

Broken Bones: \_\_\_\_\_

Head Injuries: \_\_\_\_\_

Seizures: \_\_\_\_\_

Other Medical Concerns: \_\_\_\_\_

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**SCHOOL HISTORY**

***Please bring copies of any testing or M-Team evaluations to your appointment.***

What school does your child attend? \_\_\_\_\_

What grade is your child in? \_\_\_\_\_

Primary Teacher: \_\_\_\_\_ Counselor/Adviser: \_\_\_\_\_

What is your child's typical academic achievement level (A/B, C, etc.)? \_\_\_\_\_

Have there been changes in your child's level of achievement lately? Yes\_\_\_ No\_\_\_

\_\_\_\_\_Improving Best Subjects:\_\_\_\_\_

\_\_\_\_\_Worsening Worst Subjects:\_\_\_\_\_

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

Has your child been tested for or shown signs of difficulties in learning? Yes\_\_\_ No\_\_\_

If yes, please explain:

(Please include copies of any educational or M-Team evaluations)

History of: \_\_\_\_\_Detentions \_\_\_\_\_Suspensions \_\_\_\_\_Expulsions

Has your child ever been placed in Special Education programming? Yes\_\_\_ No\_\_\_

Has your child ever had to repeat a grade? Yes\_\_\_ No\_\_\_

If yes, what grade and please explain:\_\_\_\_\_

Does your child have a history of behavioral problems in school? Yes\_\_\_ No\_\_\_

If yes, please explain:

Please describe your child's social adjustment in school (Does he/she make friends easily, have few friends, tend to be a "loner," etc.):

Do you approve of your child's friends? Yes\_\_\_ No\_\_\_ If not, please explain:

Please list the level of education achieved by each parent and/or step-parent:

**SOCIAL HISTORY**

Please list all individuals living in the home:

<b>Name</b>	<b>Age</b>	<b>Occupation</b>	<b>Education</b>	<b>Relationship to Patient</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list any immediate family members not living at home (include parents & siblings):

<b>Name</b>	<b>Age</b>	<b>Years of Education</b>	<b>Place of Residence</b>	<b>Education</b>	<b>Relationship to Patient</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

In cases of separation or divorce, how old was the patient at the time? \_\_\_\_\_

What changes, if any, were noted in the patient's behavior and/or mood at the time of or following the separation/divorce?

\_\_\_\_\_

\_\_\_\_\_

Please provide the following custody information, as applicable:

Placement: \_\_\_\_\_

Legal(Sole/Joint): \_\_\_\_\_

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

\_\_\_\_\_

Has your child ever been placed outside of the home? Yes\_\_\_ No\_\_\_  
If yes, please give the date, place and reason for placement:

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Since the child's birth, how many times has the family moved? \_\_\_\_\_  
Please list the date, location and reason for each move:

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Is the child actively involved in church? Yes\_\_\_ No\_\_\_ If yes, which one?

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Is the family actively involved in the same or a different church?

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Is the child's level of involvement more, less or the same as the family's?

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### **DEVELOPMENTAL HISTORY**

Is the child adopted? Yes\_\_\_ No\_\_\_ If yes, how old was the child at the time? \_\_\_\_\_

Does the child know that he/she is adopted? Yes\_\_\_ No\_\_\_

If yes, how old was he/she when told? \_\_\_\_\_

What was his/her reaction to this information?

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Why did you choose to adopt at that time?

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***If the child is your biological child:***

Was the pregnancy a planned pregnancy? Yes\_\_\_ No\_\_\_

What was the mother's reaction to the pregnancy?\_\_\_\_\_

\_\_\_\_\_

What was the father's reaction to the pregnancy?\_\_\_\_\_

\_\_\_\_\_

Were there any significant personal or family events during the pregnancy (deaths, losses, moves, promotions, etc.)?

\_\_\_\_\_

\_\_\_\_\_

Did mother experience any medical problems during pregnancy? Yes\_\_\_ No\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Did the mother use alcohol, prescription drugs, or non-prescription drugs during the pregnancy?

If yes, please indicate type, amount and frequency of use: Yes\_\_\_ No\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the pregnancy full term? Yes\_\_\_ No\_\_\_

Were there any complications during labor and/or delivery? Yes\_\_\_ No\_\_\_

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Who was present at the birth? \_\_\_\_\_

As a newborn, did the child have any health problems, feeding, sleep or breathing difficulties?

If yes, please explain: Yes\_\_\_ No\_\_\_

\_\_\_\_\_

\_\_\_\_\_

