Form 20 Initial Assessment—Children and Adolescents (< 18)

Client's name: _____ Date: _____

Starting time: _____ Ending time: _____ Duration: _____

PART A. BIOPSYCHOSOCIAL ASSESSMENT

1. **Presenting Problem**

   (Client's brief statement as to reason for seeking services, in behavioral terms)

   _____

   _____

   Onset: _____ Frequency: _____

   Duration: _____ Severity: ___ Mild __ Moderate ___ Severe ____ Remission

2. **Signs and Symptoms (*DSM-IV-TR* based) . . . Resulting in Impairment(s)**

   (e.g., social, occupational, affective, cognitive, physical)

   _____

   _____

   _____

   _____

   _____

   _____

3. **History of Presenting Problem**

   Events, precipitating factors, stressors, and/or incidents leading to need for services: _____

   _____

   _____

   _____

   Was there a clear time when Sx worsened? _____

   Family mental health history: _____

   _____

   _____

   _____

4. **Current Family and Significant Relationships** (See Personal History Form)

   Strengths/support: _____

   Stressors/problems: _____

   Recent changes: _____

   Changes desired: _____

   Comment on family circumstances: _____

5. **Childhood/Adolescent History** (See Personal History Form)
   (Developmental milestones, past behavioral concerns, environment, abuse, school, social, mental health)

   _____

   _____

   _____

6. **Social Relationships** (See Personal History Form)
   Strengths/support: _____
   Stressors/problems: _____
   Recent changes: _____
   Changes desired: _____

7. **Cultural/Ethnic** (See Personal History Form)

   _____

   Strengths/support: _____
   Stressors/problems: _____
   Beliefs/practices to incorporate into therapy: _____

8. **Spiritual/Religious** (See Personal History Form)

   _____

   Strengths/support: _____
   Stressors/problems: _____
   Beliefs/practices to incorporate into therapy: _____
   Recent changes: _____
   Changes desired: _____

9. **Legal** (See Personal History Form)

   _____

   Status/impact/stressors: _____

   _____

10. **Education** (See Personal History Form)

    _____

    In special education? ___ No ____ Yes (describe): _____
    Strengths: _____
    Weaknesses: _____

11. **Employment/Vocational** (See Personal History Form)

    _____

    Strengths/support: _____
    Stressors/problems: _____

12. **Leisure/Recreational** (See Personal History Form)
    Strengths/support: _____
    Recent changes: _____
    Changes desired: _____

13. Physical Health (See Personal History Form)

_____

_____

Physical factors affecting mental condition: _____

_____

14. Chemical Use History (See Personal History Form)

_____

_____

Patient's perception of problem: _____

_____

15. Counseling/Prior Treatment History (See Personal History Form)

_____

_____

Benefits of previous treatment: _____

Setbacks of previous treatment: _____

PART B. DIAGNOSTIC INTERVIEW

Mood

(Rule-in and rule-out signs and symptoms: validate with *DSM-IV-TR*)

Predominant mood during interview: _____

Current Concerns (give examples of impairments (i), severity (s), frequency (f), duration (d))

Adjustment Disorder

(w/in 3 months of identified stressor, Sx persist < 6 months after stressor, marked distress)

____ Depressed ____ Anxiety ___ Mixed anxiety & depression ____ Conduct

____ Emotions & conduct ____ Unspecified

Specify disturbance: ___ Acute (<6 months) _____ Chronic (>6 months) ____

_____

Impairment(s): ___ social ____ occupational/educational _____ affective ____ cognitive ____ _____ other

Examples of impairment(s): _____

_____

Major Depression (2 or more wks): ____ Usually depressed or _____ anhedonia. (4+ of following):

____ wght + / (-) 5%/month _____ appetite + / (-) ___ sleep + / (-) _____ psychomotor + / (-)

____ fatigue ____ worthlessness/guilt _____ concentration _____ death/suicidal ideation

Other: ___ crying spells ____ withdrawal _____ add'l. sx __

_____

Impairment(s): ___ social ____ occupational/educational _____ affective ____ cognitive ____ _____ other

Examples of impairment(s): _____

_____

Dysthymia (2 or more years): ____ depressed most of time. (2+ of following):

____ low/high appetite or eating _____in/hypersomnia _____low energy/fatigue _____ low self-esteem

____ low concentration/decisions _____ hopelessness _____ other

_____

Impairment(s): ___ social ____ occupational/educational _____ affective ____ cognitive ___ _____ other

Examples of impairment(s): _____

_____

Anxiety (GAD: 3+, most of time, 6 months):

____ restlessness ___ easily fatigued _____ concentration _____ _____ irritability

____ muscle tension ____ sleep disturbance

_____

Impairment(s): ___ social ____ occupational/educational _____ affective ____ cognitive _____ other

Examples of impairment(s): _____

_____

ODD (Pattern of negativistic, hostile, and defiant behaviors > 6 months: 4+ of following):

____ loses temper ____ argues with adults ___ actively defies adult's requests ___ deliberately annoys people ____ blames others for own mistakes or misbehavior _____ touchy/easily annoyed

___ angry/resentful _____ spiteful/vindictive. 1+ impairment: ___ social ____ academic _____ occupational

_____

Conduct Repetitive/persistent behavior violating rights of others. 3+ (past 12 mo. 1 in past 6 mos.):

_____ Aggression to people/animals: _____ bullies, threatens, intimidates ____ initiates physical fights

_____ has used harmful weapon. Physically cruel to: _____ people ____ animals _____ stolen while confronting victim ____ forces sexual activity. Destruction of property: _____ deliberate fire setting (intended damage) ___ deliberate property destruction. Deceitfulness or theft: ___ broken into someone's property _____ often lies/cons _____ has stolen without confrontation. Serious violation of rules: _____ stays out at night against parents' rules before age 13 ____ has run away 2+ or one extended ____ often truant before age 13. 1+ impairment: _____ social ___ academic _____ occupational

_____

ADHD Inattention: 6+ Sx, 6+ months:

____ poor attn/careless mistakes _____ difficult sustaining attn. _____ not listen when spoken to

____ not follow through ___ difficult organizing, avoids tasks requiring sustained mental effort

____ loses things ____ easily distracted ___ forgetful and/or Hyperactivity/impulsivity. 6+ hyperactivity

____ fidgety ____ leaves seat often _____ runs/climbs _____ difficult being quiet _____ "on the go"

____ talks excessively. Impulsivity: ___ blurts out answers _____ difficulty awaiting turn _____ interrupts.

____ some SX < 7. 1+ impairment: ____ social ___ academic ____ occupational

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Other Diagnostic Concerns or Behavioral Issues

(e.g., ____ dissociation ____ eating ____ sleep ____ impulse control ___ thought disorders _____ anger

____ relationships ____ cognitive ____ phobias ____ substance abuse _____ medical conditions

____ somatization ____ sexual ____ PTSD, etc.)

Impairment(s): ___ social ____ occupational/educational _____ affective ____ cognitive ___ _____ other

Examples of impairment(s): _____

USE ADDITIONAL PAPER AS NECESSARY

Mental Status

(Check appropriate level of impairment: N/A or OK signifies no known impairment. Comment on significant areas of impairment.)

Appearance	N/A or OK	Slight	Moderate	Severe
Unkempt, disheveled	(___)	(___)	(___)	(___)
Clothing, dirty, atypical	(___)	(___)	(___)	(___)
Odd phys. characteristics	(___)	(___)	(___)	(___)
Body odor	(___)	(___)	(___)	(___)
Appears unhealthy	(___)	(___)	(___)	(___)
Posture	N/A or OK	Slight	Moderate	Severe
Slumped	(___)	(___)	(___)	(___)
Rigid, tense	(___)	(___)	(___)	(___)
Body Movements	N/A or OK	Slight	Moderate	Severe
Accelerated, quick	(___)	(___)	(___)	(___)
Decreased, slowed	(___)	(___)	(___)	(___)
Restlessness, fidgety	(___)	(___)	(___)	(___)
Atypical, unusual	(___)	(___)	(___)	(___)
Speech	N/A or OK	Slight	Moderate	Severe
Rapid	(___)	(___)	(___)	(___)
Slow	(___)	(___)	(___)	(___)
Loud	(___)	(___)	(___)	(___)
Soft	(___)	(___)	(___)	(___)
Mute	(___)	(___)	(___)	(___)
Atypical (e.g., slurring)	(___)	(___)	(___)	(___)
Attitude	N/A or OK	Slight	Moderate	Severe
Domineering, controlling	(___)	(___)	(___)	(___)
Submissive, dependent	(___)	(___)	(___)	(___)
Hostile, challenging	(___)	(___)	(___)	(___)
Guarded, suspicious	(___)	(___)	(___)	(___)
Uncooperative	(___)	(___)	(___)	(___)
Affect	N/A or OK	Slight	Moderate	Severe
Inappropriate to thought	(___)	(___)	(___)	(___)
Increased lability	(___)	(___)	(___)	(___)
Blunted, dull, flat	(___)	(___)	(___)	(___)
Euphoria, elation	(___)	(___)	(___)	(___)
Anger, hostility	(___)	(___)	(___)	(___)
Depression, sadness	(___)	(___)	(___)	(___)
Anxiety	(___)	(___)	(___)	(___)
Irritability	(___)	(___)	(___)	(___)

Perception	N/A or OK	Slight	Moderate	Severe
Illusions	(___)	(___)	(___)	(___)
Auditory hallucinations	(___)	(___)	(___)	(___)
Visual hallucinations	(___)	(___)	(___)	(___)
Other hallucinations	(___)	(___)	(___)	(___)
Cognitive	N/A or OK	Slight	Moderate	Severe
Alertness	(___)	(___)	(___)	(___)
Attn. span, distractibility	(___)	(___)	(___)	(___)
Short-term memory	(___)	(___)	(___)	(___)
Long-term memory	(___)	(___)	(___)	(___)
Judgment	N/A or OK	Slight	Moderate	Severe
Decision making	(___)	(___)	(___)	(___)
Impulsivity	(___)	(___)	(___)	(___)
Thought Content	N/A or OK	Slight	Moderate	Severe
Obsessions/compulsions	(___)	(___)	(___)	(___)
Phobic	(___)	(___)	(___)	(___)
Depersonalization	(___)	(___)	(___)	(___)
Suicidal ideation	(___)	(___)	(___)	(___)
Homicidal ideation	(___)	(___)	(___)	(___)
Delusions	(___)	(___)	(___)	(___)

Estimated level of intelligence: _____

Orientation: _____ Time _____ Place _____ Person

Able to hold normal conversation? _____ Yes _____ No

Eye contact: _____

Level of insight:

- _____ Complete denial
- _____ Blames others
- _____ Intellectual insight, but few changes likely
- _____ Emotional insight, understanding, change can occur
- _____ Slight awareness
- _____ Blames self

Client's view of actions needed to change: _____

Comments

_____

_____

_____

_____

_____

_____

PART C. DIAGNOSIS VALIDATION

Diagnosis 1: _____ Code: _____

DSM-IV-TR Criteria

_____

_____

_____

Examples of impairment/dysfunction: _____

_____

_____

_____

Additional validation (e.g., testing, previous records, self-report): _____

_____

_____

_____

Diagnosis 2: _____ Code: _____

DSM-IV-TR Criteria

_____

_____

_____

Examples of impairment/dysfunction: _____

_____

_____

_____

Additional validation (e.g., testing, previous records, self-report): _____

_____

_____

_____

Diagnosis 3: _____ Code: _____

DSM-IV-TR Criteria

_____

_____

_____

Examples of impairment/dysfunction: _____

_____

_____

_____

Additional validation (e.g., testing, previous records, self-report): _____

_____

_____

_____

		Diagnosis	Code
Axis I	1:	_____	_____
	2:	_____	_____
	3:	_____	_____
Axis II	1:	_____	_____
	2:	_____	_____
Axis III		_____	_____
Axis IV		_____	
Axis V	Current GAF = _____	Highest past year GAF = _____	

Prognosis: ___ Poor ____ Marginal ____ Guarded ___ Moderate ___ Good ____ Excellent

Qualifiers to prognosis: _____ Med compliance ____ Tx compliance _____

Home environment

____ Activity changes ___ Behavioral changes ___ Attitudinal changes ___ Education/training

___ Other: _____

Treatment Considerations

Is the patient appropriate for treatment? _____ Yes _____

No

If no, explain and indicate referral made: _____

Tx modality: ____ Indiv. ____ Conjoint ____ Family ____ Collateral ____ Group

Frequency: _____ _____ _____ _____ _____

If Conjoint, Family or Collateral, specify with whom: _____

Adjunctive Services Needed:

____ Physical exam ___ School records

____ Laboratory tests (specify): _____

____ Patient records (specify): _____

Therapist's Questions/Concerns/Comments: ___ Psychiatric evaluation ____ Psychological testing

_____

_____

_____

Therapist's signature/credentials: _____ Date: _____/____/_____

Supervisor's Remarks

_____

_____

_____

Supervisor's signature/credentials: _____ Date: ____/____

_____/_____

Therapist's Response to Supervisor's Remarks

_____

Therapist's signature/credentials: _____ Date: _____/_____/_____