

Patient Health Screen (Child/Adolescents)

Patient Last Name:

First Name:

Date of Birth:

1a. Please provide the names of parents and/or guardian(s):

1b. Relationship Status of parent's is:

- Never Married
 Married/Domestic Partnership
 Divorced
 Separated
 Widowed

*If divorced, please answer 1c

1c. If divorced, what are the custody arrangements?

*Please bring copy of custody documents

2. If child doesn't live with parent(s), please provide the name(s) of legal guardian and relationship to patient:

3. Please state the reason for making this appointment:

4. Has the child ever been diagnosed with any psychiatric conditions?

Yes

No

*If yes, please list below:

5. Please list all current prescription medication, over the counter medications and/or herbal supplements the child is taking:

Medication	Dosage	Taking for how long?	Med helpful? / Concerns

6. Please list any psychiatric medications the child has tried in the past:

Medication	Dosage	Taking for how long?	Med helpful? / Concerns

7. Please list any known allergies to medications, food, or environmental allergies:

8. Please list any current medical problems the child has:

9. Please list any past major surgeries:

10. Please tell us about the child's current/past providers:

Does the child have a pediatrician/PCP?	Has the child ever seen a psychiatrist?	Is the child currently seeing a therapist?
<input type="checkbox"/> Yes <input type="checkbox"/> No Dr. Name: Dr. Location: Dr. Phone #: Date of last visit:	<input type="checkbox"/> Yes <input type="checkbox"/> No Dr. Name: Dr. Location: Dr. Phone #: Date of last visit:	<input type="checkbox"/> Yes <input type="checkbox"/> No Therapist Name: Therapist Location: Therapist Phone #: Date of last visit:

11. Has the child ever been hospitalized for psychiatric reasons? Yes No *If yes, please list below:

Hospital name	City	Admit Date	Discharge Date	Reason for Hospitalization

12. Where was the child born and raised?

13. What school does the child attend and what grade are they in?

14. Child Lives in: One Household Two household Multiple households

15. Please list everyone who currently lives with the child in each household and the relationship:

16. Please list parent(s)/guardian(s) highest level of education and current employment:

17. Is the family currently dealing with significant financial problems (bankruptcy, foreclosure, large debt, etc.)?

Yes No *If yes, please list below:

18. Is the family currently dealing with significant legal problems (custody issues, divorce, DUIs, etc.)?

Yes No *If yes, please list below:

19. Is there family history of psychiatric conditions in the child's family? If yes, please list who and what conditions:

20. Please list any other information you think is important for the provider to know:

Name of Parent/Guardian

Today's Date

Parent/Guardian's Signature

Name of Parent/Guardian

Today's Date

Parent/Guardian's Signature