MINDPATH HEALTH

Patient Health Screen – Child/Adolescent

☐ **I would prefer to speak with my provider before completing this form (signature required)**

Patient Information:

Last Name: _____ First Name: _____ Date of Birth: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone Number: _____

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

   _____

2. Please indicate relationship status of parents:

   ☐ Never Married ☐ Married/Domestic Partnership ☐ Divorced
   ☐ Separated ☐ Widowed

3. If divorced, what are the custody arrangements? Must provide copy of custody documents.

   _____

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

   _____

5. Please state the reason for making this appointment:

   _____

   _____

6. Has the child ever been diagnosed with any psychiatric conditions? ☐ Yes (please list below) ☐ No

   _____

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

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

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

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

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

   _____

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

    _____

    _____

11. Please list any past major surgeries:

    _____

    _____

12. 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?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Dr. Name: Dr. Phone #: Dr. Location: Last visit date:	Dr. Name: Dr. Phone #: Dr. Location: Last visit date:	Dr. Name: Dr. Phone #: Dr. Location: Last visit date:

13. Has the child ever been hospitalized for psychiatric reasons? ☐ Yes ☐ No

Hospital Name	City	Admit Date	Discharge Date	Reason for Hospitalization

14. Where was the child born and raised? _____

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

_____

16. Child lives in: ☐ One household ☐ Two households ☐ Multiple households

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

_____

_____

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

_____

_____

19. Is the family currently dealing with significant financial problems (bankruptcy, foreclosure, large debt, etc.)? If yes, list below: ☐ Yes ☐ No

_____

20. Is the family currently dealing with significant legal problems (custody issues, divorce, DUIs, etc.)? If yes, list below: ☐ Yes ☐ No

_____

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

_____

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

_____

_____ Name of Parent/Guardian	_____ Name of Parent/Guardian
_____ Parent's/Guardian's Signature	_____ Parent's/Guardian's Signature
_____ Today's Date	_____ Today's Date