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CHILD & ADOLESCENT PSYCHIATRY *
FORENSIC PSYCHIATRY *
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Forms for Patients less than 18 years old

FOR THE FIRST VISIT YOU WANT TO BRING THE FOLLOWING:

- This form (9 pages)
- Patient Registration (6 pages)
- Any Report Cards for your child that you have
- Any ARD Meeting papers
- Any psychological testing
- Any laboratory test results or medical records
- *A copy of the custody agreement, if the child's parents are divorced*
- **YOU CANNOT BRING TOO MANY PAPERS.**

We will do our best to see you **as soon as possible** for your first appointment. Many times, we shall come early or stay late in order to make this happen. Because of this,

We require that you call the office 48 hours before your first appointment.

You may call (694 0229) anytime and leave a message that you are coming. This is only for the first appointment.

*If you fail to confirm, we shall assume you are **not** coming and cancel your appointment.*

This package includes this cover sheet and the C&A Developmental Questionnaire (10 pages). The Patient Registration includes information about our office policies and a map with directions to our office. The Child & Adolescent Questionnaire asks for information about your child/teen's current difficulties, past difficulties, living arrangement, educational background, birth and development, past medical history, and family history.

In addition to this package, there is a questionnaire to be completed online. The online questionnaire (Achenbach Child Behavior Checklist) is a widely used measure to allow us to see how your child is doing compared to the "average child" through the "eyes of his parents". This is one element to be used in answering the question, "Doctor, how bad is this?"

Each parent or guardian fills out his/her own Child Behavior Checklist. There is a similar form for 11-18 year olds (the Youth Self Report Form).

- Completing the form online takes less than 20 minutes, can be interrupted and completed later, can be done from any computer that can log-on the Internet, and is "confidential".
- You will need a unique access code to log onto the website which has the forms. These will be included in the body of an email.
- After you receive your Access Key Codes, go to www.entry-online.org Enter your Access Key Code.
- The next screen say, "Welcome....." With your name.
- Once you complete the form, I automatically receive an email notice. I can download everyone's answers prior to your child's appointment.

We understand that there is a great deal of paperwork to complete. Our goal is to have a very detailed picture of your child, his/her school, and home before making any recommendations. Please don't hesitate to call us if you have any questions. We appreciate your patience in completing all these forms.

Marital Status of Biologic Parents

Biologic Father:

Married, to _____, from _____ to _____

Married, to _____, from _____ to _____

Biologic Mother:

Married, to _____, from _____ to _____

Married, to _____, from _____ to _____

If Biologic Parents are divorced, who is the Managing Conservator?

Joint Mom Dad

How often does the child visit with the other parent? _____

Child Care

If your child attends any child care/day care please list the following:

Name how long they have attended

Discipline

What kinds of things do you do to discipline your child (please give examples):

Who does most of the disciplining in the house? _____

Is their disagreement about discipline? If so, please explain _____

Current Treatment

Please list the name and phone number of any therapist / counselor your child is currently seeing:

Please provide the following for **ANY** medications (of any kind), vitamins, supplements, your child **is currently taking**:

Name dose when started Dr.'s Name

Hobbies / Interests / Friends

What Teams, clubs, extra curricular activities, or jobs is your child involved in?

What things does your child do to occupy him/herself around the house?

Who does your child spend time with? _____

Educational History

School: _____ Phone #: _____
Teacher: _____ Grade: _____

May I have permission to contact your child's teacher? Y / N
If yes, Signature: _____ Date: _____

Is homework a problem for your child? Y / N
If yes, in what way? _____

Is your child receiving any special services? Y / N.
For what difficulties? _____

When was the last ARD? _____
(please bring a copy of the last ARD and any evaluations that have been done)

List previous schools, dates attended, and overall performance:

Grade	School	Date	Performance
_____	_____	_____	Poor / Fair / Good
_____	_____	_____	Poor / Fair / Good
_____	_____	_____	Poor / Fair / Good
_____	_____	_____	Poor / Fair / Good
_____	_____	_____	Poor / Fair / Good
_____	_____	_____	Poor / Fair / Good
_____	_____	_____	Poor / Fair / Good

Was your child in any special programs in the past? Y / N.
What kind of program? _____
When did he/she leave the special program? _____

Please list your child's best subject: _____ worst subject: _____

Grades repeated: _____ Grades skipped: _____

If your child has ever been suspended or expelled, please tell me about that: _____

Legal

Is your child involved in a lawsuit? Y / N
If yes, is mental health a factor in the case? Y / N

Have the police ever been called to your home? Y / N
If yes, when and for what reason? _____

Has your child ever been arrested? Y / N
If yes, for what reason? _____
If your child has a probation officer, please list name and phone number:

Has your child ever been involved with CPS (Child Protective Services) or DHS (Department of Human Services)? Y / N
If yes, when and for what reason? _____

Has there ever been a time when you thought your child was being abused? Y / N
If yes, please explain: _____

Mental health History

Please list any mental health professional (Psychiatrist, Psychologist, Counselor you have seen for your child/teen in the past

Professional's Name	From to	Problem or Concern

Please list any psychiatric hospital, residential treatment center, group home, day hospital, foster home, or half way house:

Name	From to	Problem or Concern

The following area asks about previous psychiatric medications. If your child has not taken any psychiatric medications,, continue to the next page. If your child has taken medications in the past, the following ***is very important***. Please try to recall any and all medications for it will be very important in deciding the best care in the future.

Drug Name	Dr.'s Name	Start / Stop	Problem	Side Effects

Developmental and Medical History

Pregnancy and Delivery

Did any of the following conditions occur *during pregnancy or delivery*?

Bleeding	No / Yes
Gain > 30 pounds	No / Yes
Toxemia / pre-eclampsia	No / Yes
Rh Factor incompatibility	No / Yes
Frequent nausea or vomiting	No / Yes
Serious illness or injury	No / Yes
Took prescription medication	No / Yes; if yes, name _____
Took illegal drugs	No / Yes
Used alcoholic beverages	No / Yes; if yes, # drinks/week _____
Smoked cigarettes	No / Yes; if yes, # cigarettes/day _____
Medication to ease delivery pain	No / Yes; if yes, name _____
Delivery was induced	No / Yes
Forceps used during delivery	No / Yes
Breech delivery	No / Yes
C-Section (Caesarean Delivery)	No / Yes
Other problems	No / Yes; if yes, describe _____

Did any of the following conditions affect your child *during delivery or within the first few days after birth*?

Injured during delivery	No / Yes
Heart/breathing distress during delivery	No / Yes
Delivered with cord around neck	No / Yes
Had trouble breathing after delivery	No / Yes
Needed oxygen	No / Yes
Was cyanotic, turned blue	No / Yes
Was jaundiced, turned yellow	No / Yes
Had an infections	No / Yes
Had seizures	No / Yes
Was given medications	No / Yes
Born with a congenital defect	No / Yes
Was in hospital > 7days	No / Yes

Infant Health and Temperament

During the first 12 months, was your child:

Difficult to feed	No / Yes
Difficult to get to sleep	No / Yes
Colicky	No / Yes
Difficult to put on a schedule	No / Yes
Alert	No / Yes
Cheerful	No / Yes
Affectionate	No / Yes
Sociable	No / Yes
Easy to comfort	No / Yes
Difficult to keep busy	No / Yes
Overactive, in constant motion	No / Yes
Very stubborn, challenging	No / Yes

Early Developmental Milestones

Sitting without help	Normal / Fast / Slow / Don't Know
Crawling	Normal / Fast / Slow / Don't Know
Walking alone, without aid	Normal / Fast / Slow / Don't Know
Using single words (mama, dada)	Normal / Fast / Slow / Don't Know
Putting 2 or more words together (mama up)	Norm / Fast / Slow / DK
Bowel training, day and night	Normal / Slow / not yet
Bladder training, day and night	Normal / Slow / not yet

Health History

Name of Child's Physician: _____

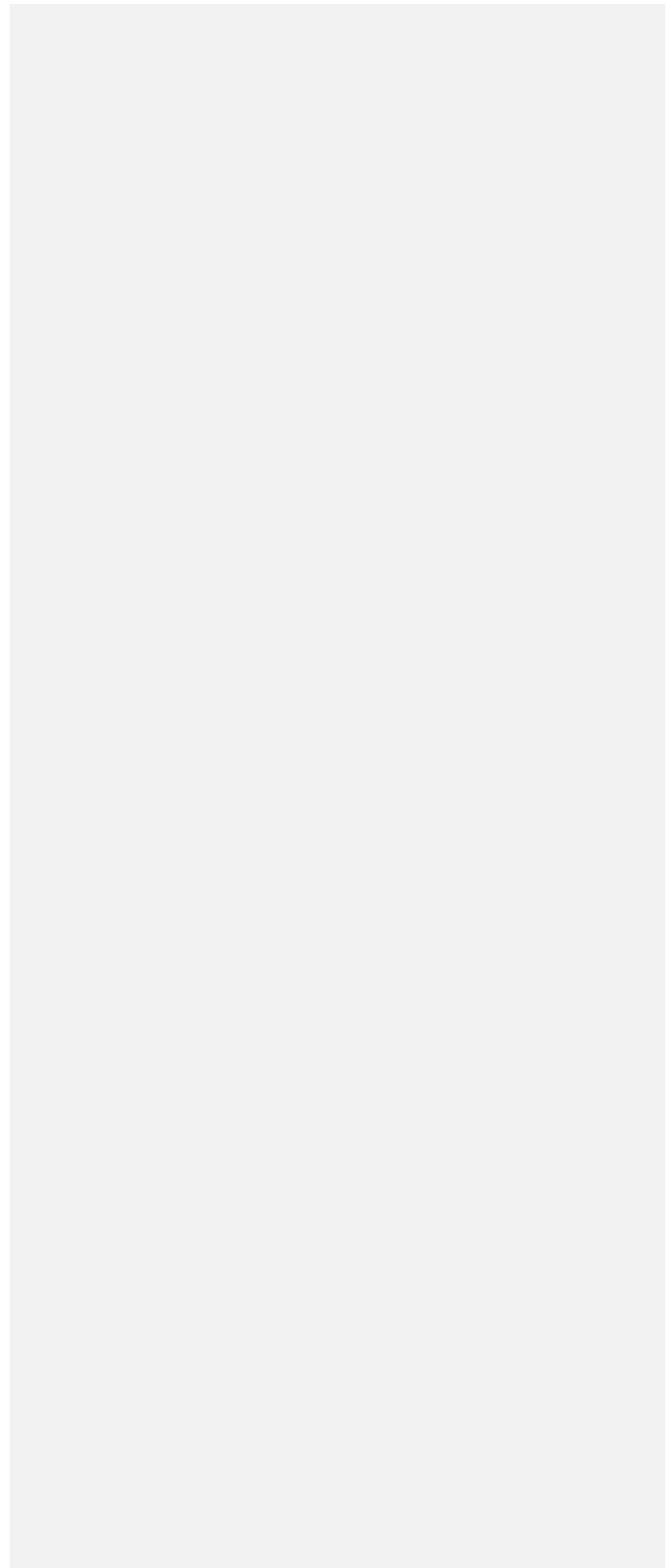
Date of last physical exam: _____; last visit: _____

Is it all right for me to contact him / her? Yes / No

At any time, has your child had the following?

Never Past Now

	Never	Past	Now
Surgery			
Hospitalization			
Appetite problems			
Weight loss or gain			
Fever or chills			
Eye or vision problems			
Chronic ear infections			
Speech or language problems			
Hearing problems			
Snoring			
Diarrhea or constipation			
Asthma			
Heart murmur			
High blood pressure			
Irregular heart beat			
Chest pain with exercise			
Fainting while exercising			
Rashes			
Birthmarks			
Hair loss			
Excessive sweating			
Sleep problems			
Nightmares			
Sleepwalking or talking			
Head banging			
Wetting problems			
Lead poisoning			
Anemia			
Arthritis			
Broken bones			
Severe cuts requiring stitches			
Epilepsy or seizure disorder			
Meningitis / brain infection			
Head injury with loss of conscious			
Clumsiness			
Intolerant of cold or heat			
Diabetes			
Airborne Allergies			
Alcohol use			
Drug abuse			
Cigarette Smoking			
Medication Allergies			



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