San Tan Counseling

NEW PATIENT ASSESSMENT FORM (ages 5-17)

This form will be kept completely confidential and will be used for treatment between the minor and the counselor. Any information on this form is to be used only as described by National Privacy Act and disclosed only as described in the Notice of Privacy Practices (HIPPA).

Name of Patient: _____ Date: _____

Name of person filling out form: _____

Relationship to Patient: _____

Presenting Concerns

1. Current Symptoms:

	Aggression		Fatigue/low energy		Panic attacks
	Alcohol/Drug use		Fire-setting behavior		Parent-Child conflict
	Anger		Grief/Loss		Peer-conflicts
	Anorexic/Bulimic behavior		Guilt/Shame		Phobias
	Anxiety/Stress		Hyperactivity		Self-Harm/Suicidal thoughts
	Appetite changes		Impulsive behaviors		Sexual behavior
	Concentration problems		Insomnia		Sleep problems
	Delusions/Hallucinations		Mood swings		Social isolation
	Depression		Obsessions/Compulsions		Weight changes

Please elaborate on any of the above: _____
_____
_____
_____
_____
_____

2. How do the symptoms affect the following areas of daily functioning?

Daily tasks _____

Family interaction _____

Recreational/Leisure activities _____

Relationships _____

Physical health _____

Self-esteem _____

School _____

Child and Family History

1. In the past 6 months to year, have there been changes in
Family structure (divorce, death, new baby, etc) _____

Living environment (new home, recent move) _____

School environment _____

2. Over the child's lifetime, has there been a history of
Abuse/Neglect _____

Out-of-home placement _____

Hospitalization _____

3. In the family, is there a history of
Abuse/Neglect _____

Substance use/abuse _____

Addictions _____

Suicide (or attempts) _____

Psychological conditions _____

Hereditary medical conditions _____

4. Who lives in the child's primary home _____
_____

5. Who has custody of the child? (Explain if needed) _____
_____

6. Are there other supportive adults in the child's life (grandparents, aunt/uncle, coach) _____

_____

7. Is the child involved in extracurricular sports, clubs or activities? _____

_____

8. Is the child currently taking medications? _____

_____

Developmental symptoms/concerns

	Delayed speech		Gross Motor Problems
	Delayed walking		Difficulty attaching
	Coordination problems		Separation anxiety
	Encopresis (defecation)		Stuttering
	Enuresis (wetting)		Over/under-weight
	Feeding problems		Learning delays
	Fine motor problems		Other:

Please elaborate on any of the above: _____

_____

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_____

Please share any other important information: _____

_____

_____

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