Genesis Behavioral Health

INITIAL CLINICAL HISTORY – CHILD & ADOLESCENT

20220324

CHILD & ADOLESCENT

Age 17 and under (through high school)

Name: _____ **DOB:** _____ **Age:** _____ **Date:** _____

Name(s) of parent/guardian accompanying patient: _____ **Relationship to patient** _____

Who is filling out this form? _____

ALLERGIES to any medicines? □ **No** □**Yes List:**_____

Does your child see a **therapist** for talk therapy? □No □Yes Name _____

How did you hear about us? **If someone referred you, who?** _____

□ Internet □ Insurance company □ Friend □ Therapist □ Physician □ Unsure/Other _____

BACKGROUND INFORMATION

Tell us about your family & living situation

Names of those living in the same household and names of Siblings & Step Siblings *not* living with you:

Living with you?	Name	Age	Relationship to you
□Yes □No			
□Yes □No			
□Yes □No			
□Yes □No			
□Yes □No			
□Yes □No			
□Yes □No			

Have child's parents separated or divorced? □Yes □No When: _____

Has either remarried? Name of step-parent: _____

What contact does child have with other biological parent? _____

_____

Educational, Work, Legal & Religious History

Education: Current or highest grade level? _____

If in school, how are grades? _____

Has child had any history of **learning difficulties** – dyslexia, being a slow learner, etc? □ No □ Yes: _____

Is child in special education, or '504'? □ No □ Yes

Peer Relationships – Does child/adolescent have close friends? □Yes □ No

Has the family moved recently? □ No □Yes: _____

Are you concerned about influences of certain peers? □ No □Yes:

Legal – Has the child/adolescent had any legal problems or Are there any ongoing problems with custody issues? □ No □ Yes

Describe:_____

Spiritual History

Are your child's beliefs Christian? □ No □ Yes □ Unsure

Other Religious beliefs?_____

How important to your child is faith in God:

□ Important □ Somewhat Important □ Not Important

Does your child meet with others in religious or spiritual community? □No □Yes

THE PROBLEM WHICH BRINGS YOUR CHILD/TEEN HERE:

Why are you here and What are your problems/concerns?

(Briefly explain the problem that brings you here now and what stressful circumstances have contributed to it.)

_____

_____

_____

_____

_____

_____

OTHER SYMPTOMS

POST-TRAUMATIC STRESS SYMPTOMS
□ Has your child has experienced a very significant traumatic event. If YES, what?_____
□ Has distressing memories or nightmares
□ Is easily startled, always 'on guard'
□ Seems to feel numb, unreal, or detached
□ Avoids situations reminding him/her of the trauma

OBSESSIVE-COMPULSIVE SYMPTOMS
□ Does your child/teen wash or clean a lot?
□ Does your child/teen check things a lot?
□ Does your child/teen have a thought that bothers them that they can't get rid of?
□ Does your child/teen, because things have to be done a certain way, take a long time to finish things?
□ Is your child concerned about putting things in a special order or symmetry, or is very upset by mess?
□ Compulsive hair pulling (Trichotillomania) or skin-picking

PHOBIAS/SPECIFIC FEARS
□ Fear of going out or going certain places
□ Other specific fears? If so, what?

SELF HARM/THOUGHTS OF SUICIDE OR DEATH
□ Child/teen has hurt self physically – cutting, scratching, other (whether suicidal intent or not)
□ Child/teen has spoken of thoughts of suicide or wishes to be dead
□ Child/teen has made suicide attempt

EATING ISSUES
□ Constantly dieting despite others saying you're thin
□ Binge eating or purging

TANTRUMS, OUTBURSTS
Severe, frequent tantrums, anger outbursts □Yes □No
With aggression? □Yes □No Explain:

OTHER CHILDHOOD SYMPTOMS
□ Bedwetting
□ Accidental bowel movements
□ Tics (habits of movements or sounds)
□ Stops mid-sentence and stares

PROBLEMS BEING GROUNDED IN REALITY
□ Talks to people who are not there
□ Literally believes he/she is someone else
□ Hears voices talking when no one is there
□ Sees things when nothing is there
□ Believes mind is being read or controlled by others
□ Claims to get special messages from the TV or radio
□ Paranoid – believes people are out to get him/her (But no gang or drug activity justifying this belief)
□ Grandiose delusions (fixed, false beliefs)
□ Involved in Satan worship or strange religious activities
□ Has developed strange or bizarre ideas about the world
□ Speech at times makes no sense

FAMILY HISTORY

Please indicate whether any of your (blood) relatives have had any of these concerns:

	Parents	Brothers/Sisters	Children	Grandparents	Aunts/Uncles
ADHD	□	□	□	□	□
Autistic Disorders	□	□	□	□	□
Suicide	□	□	□	□	□
Alcohol/Drug Problems	□	□	□	□	□
Depression problems	□	□	□	□	□
Bipolar Disorder	□	□	□	□	□
Schizophrenia	□	□	□	□	□
Obsessive-Compulsive	□	□	□	□	□

SLEEP ISSUES

IN THE LAST TWO WEEKS, if your child has trouble sleeping too much or too little, or their sleep is interrupted by awakening several times each night, please answer the following:

What time does your child typically go to bed? _____ What time do they typically fall asleep? _____

What time do they typically wake up? _____ Do they seem to feel rested when they wake up in the morning? □ Yes □ No

Including naps during the day, how many hours, on average, do they sleep per 24 hour day? _____

If they awaken frequently through the night, how many times does your child awaken, and how long does it take them to go back to sleep?
Awaken approximately _____ times. Time it takes to get back to sleep: _____

RELATIONSHIPS AND SOCIAL SUPPORTS

FAMILY RELATIONSHIPS

How would you rate your child's happiness in your family? □ Happy □ Fairly happy □ Just OK □ Fairly unhappy □ Very unhappy

If VERY UNHAPPY, please write briefly in the space provided below what the general nature of the problems are.

_____

SOCIAL SUPPORTS

□ Yes □ No Does child experience a lot of loneliness?

□ Yes □ No Does child have a close friend whom they can tell things and trust that the friend won't tell others? How often do they talk?_____

OTHER CONFLICTUAL RELATIONSHIPS

□ Yes □ No Is child having significant conflict or stress with anyone outside of your family, being bullied, etc? If so, who, and about what?

_____

SCHOOL

How is child doing in school? Explain any problems, such as not passing classes, worries about grades, or conflict with people at school.

_____

_____

PARENTING DIFFICULTIES/OTHER ISSUES OR QUESTIONS

Describe what problems you have as you try to parent your child. For example, are there ways in which you or the child's other parent may be contributing to, or at least not helping, the problem; or things that as a parent you might need help with and would like to discuss?

If divorce has occurred, how well would you say the two of you are able to cooperate with regard to the child?

PROBLEMS WITH EMOTIONAL INSTABILITY (For teenagers only)

Having problems with emotional instability means having unstable relationships, low self-esteem, and problems with impulsive behavior, beginning by late adolescence or early adulthood.

Problems with emotional instability – does your teenager tend to:

□ Make frantic efforts to avoid real or imagined abandonment.

□ Have a pattern of difficult relationships caused by alternating between extremes of intense admiration and hatred of others.

□ Have an unstable self-image or be unsure of his or her own identity.

□ Act impulsively in ways that are self-damaging, such as extravagant spending, sex with many partners, substance abuse, binge eating, or reckless driving (if driving age, or driving a car without permission).

□ Have recurring suicidal thoughts, make repeated suicide attempts, or cause self-injury through mutilation, such as cutting or burning oneself.

□ Have frequent emotional overreactions or intense mood swings, including feeling depressed, irritable, or anxious. These mood swings may only last a few hours at a time. In rare cases, they may last a day or two.

□ Have long-term feelings of emptiness.

□ Have inappropriate, fierce anger or problems controlling anger – or often display temper tantrums or get into fights.

□ Have temporary episodes of feeling suspicious of others without reason (paranoia) or losing a sense of reality.

SOCIAL INTERACTIONS AND ASPERGER'S SYMPTOMS

I. *Social Interactions and Relationships*

1) Significant problems with nonverbal communication skills, such as understanding the meaning of eye-to-eye contact, facial expressions, or body posture. □ **Yes** □ **No**

The problems with nonverbal communication skills involve difficulty 'reading' people. For example, the child may recognize, that another person does not like something they just said or did, but they may not understand why the other person was bothered. Or, for example, when another person bumps into them accidentally, they assume it was on purpose.

2) Marked difficulty in establishing or maintaining friendships with children of the same age. □ **Yes** □ **No**

Though may play well with younger children, or be able to converse with adults. Seems 'clueless' in many social situations, often saying and doing things which a child even much younger in age would intuitively know not to do. Lacks 'common sense' in relating to other people.

3) Lack of interest in sharing enjoyment, interests, or achievements with other people. □ **Yes** □ **No**

On the other hand, may go on and on talking about something in which they are interested despite the fact that the person to whom they are talking is not interested and does not want to hear (example of a problem with reading body language).

4) Lack of empathy. Has difficulty understanding other people's feelings and connecting to them in a personal way. □ **Yes** □ **No**

May be able sometimes to recognize what others' feelings are, but has difficulty connecting with others and apparent difficulty identifying the distress of other people and responding appropriately.

Total *YES answers* _____

II. *Limited interests in activities or play*

1) Preoccupation with certain topics □ **Yes** □ **No**

For example, may be fascinated by Star Wars, Japanese cartoon cards or characters, video games, military history, dinosaurs, maps, weapons, or other interests which are 'different' from other children the same age.

2) A need for sameness and routines; or being rigid and inflexible □ **Yes** □ **No**

For example, insisting that things be done a certain way, though there is no reason why they should be done so.

3) Can't 'let go' of a topic or request. □ **Yes** □ **No**

For example, repeatedly asks over and over for something they want to do or have. They won't take 'no' for an answer.

4) Unusual behaviors or movements of the body □ **Yes** □ **No**

These may include body rocking and hand flapping.

Total *YES answers* _____

MEDICATIONS – CURRENT and PAST MEDICATIONS

List ALL CURRENT MEDICATIONS, VITAMINS, HERBAL, & SUPPLEMENTS that you are now taking:

Medication, Vitamin, or Herbal	Medication, Vitamin, or Herbal	Medication, Vitamin, or Herbal

List ALL PAST MEDICATIONS that you have taken:

√ if Taking Now or Past	Medication Have you ***ever*** taken any of these:	dose	When & Why Stopped	When	√ if Taking Now or Past	Medication Have you *ever* taken any of these:	dose	When & Why Stopped	When
□Now □Past	**Ritalin/Methylin**				□Now □Past	**Abilify**			
□Now □Past	**Metadate**				□Now □Past	**Aristada or Maintena**			
□Now □Past	**Mydayis**				□Now □Past	**Rexulti**			
□Now □Past	**Aptensio**				□Now □Past	**Geodon**			
□Now □Past	**Concerta**				□Now □Past	**Risperdal/Invega**			
□Now □Past	**Focalin (or XR)**				□Now □Past	**Zyprexa**			
□Now □Past	**Daytrana**				□Now □Past	**Seroquel (or XR)**			
□Now □Past	**Adderall (or XR)**				□Now □Past	**Saphris**			
□Now □Past	**Vyvanse**				□Now □Past	**Fanapt**			
□Now □Past	**Other stimulant**				□Now □Past	**Latuda**			
□Now □Past	**Strattera**				□Now □Past	**Vraylar**			
□Now □Past	**Qelbree**				□Now □Past	**Caplyta**			
□Now □Past	**Clonidine**				□Now □Past	**Clozapine**			
□Now □Past	**Guanfacine**				□Now □Past	**Lithium**			
□Now □Past	**Prozac**				□Now □Past	**Depakote**			
□Now □Past	**Zoloft**				□Now □Past	**Tegretol** (Carbamazepine)			
□Now □Past	**Paxil**				□Now □Past	**Trileptal**			
□Now □Past	**Luvox**				□Now □Past	**Lamictal** (lamotrigine)			
□Now □Past	**Celexa**				□Now □Past	**Topamax**			
□Now □Past	**Lexapro**				□Now □Past	**Valium** (Diazepam)			
□Now □Past	**Effexor XR**				□Now □Past	**Xanax** (Alprazolam)			
□Now □Past	**Pristiq**				□Now □Past	**Ativan** (Lorazepam)			
□Now □Past	**Cymbalta**				□Now □Past	**Klonopin** (Clonazepam)			
□Now □Past	**Wellbutrin**				□Now □Past	**Lyrica**			
□Now □Past	**Remeron**				□Now □Past	**Neurontin**			
□Now □Past	**Buspirone**				□Now □Past	**Hydroxyzine**			
□Now □Past	**Trintellix**				□Now □Past	**Ambien (or CR)**			
□Now □Past	**Viibryd**				□Now □Past	**Lunesta**			
□Now □Past	**Fetzima**				□Now □Past	**Temazepam**			
□Now □Past	**Nefazodone**				□Now □Past	**Sonata**			
□Now □Past	**Amitriptyline**				□Now □Past	**Trazodone**			
□Now □Past	**Imipramine**				□Now □Past	**Rozerem**			
□Now □Past	**EMSAM**				□Now □Past	**Melatonin**			
□Now □Past	**Nardil**				□Now □Past	**Benadryl** (antihistamine)			
□Now □Past	**Parnate**				□Now □Past	**Other OTC sleep aid**			
□Now □Past	**Ketamine**				□Now □Past	**Buprenorphine**			
□Now □Past	**Provigil/Nuvigil**				□Now □Past				