

PARENT PORTION: PSYCHOSOCIAL ASSESSMENT

Child's Name: _____

Name of Primary Caregivers: _____

Names of other caregivers and relationship: _____

Names and ages of siblings: _____

Persons living in child's current home: _____

Who has custody of child currently: _____

Current mental health treatment by other providers: _____

Previous mental health treatment: _____

Previous hospitalizations for mental health concerns: _____

Family history of mental health issues: _____

Family history of drug/alcohol problems: _____

Medical conditions that may impact current issues: _____

Does pt complain of feeling sick often? _____

Sleep patterns: _____

Eating patterns: _____

Medication compliance: _____

Grade, name of school: _____

Does child have an IEP? _____

Attendance: _____

Grades: _____

Primary language spoken in home: _____

Transportation issues: _____

Legal issues: _____

Methods of discipline used when pt breaks rules: _____

Activities pt is involved in: _____

Hobbies: _____

Community involvement: _____
