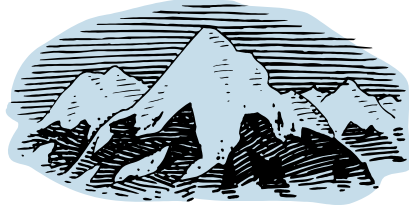


# Mountain View Psychiatry, LLC

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## **2. Background Information:**

Place of Birth: \_\_\_\_\_

Current Living Arrangement (Who does the child live with and town/city of residence? If custody is joint, list both.) \_\_\_\_\_

Has the child always lived with this person? Y ☐ N ☐ If no, describe out-of-home placements: \_\_\_\_\_

Is the child currently involved in custody proceeding or are such anticipated? Y ☐ N ☐ If yes, explain. \_\_\_\_\_

Parent's/Step-parent's age and occupation: (Include education, occupation, marital status, etc. What

CHILD/ADOLESCENT

INTAKE/PSYCHOSOCIAL ASSESSMENT

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Identifying Information (age, ethnicity, sex, and current grade in school) \_\_\_\_\_

**1 .Reason for Referral:** (Why are you here? Describe problems with behavior, academics, relationships, and child/teen's major symptoms) \_\_\_\_\_

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**3. Family Psychiatric History:** (Learning disorders, mental retardation, ADHD, bipolar, depression, anxiety, schizophrenia, or drug/alcohol abuse)

Paternal (Father and his family) \_\_\_\_\_

Maternal: (Mother and her family) \_\_\_\_\_

**4. Educational History:** (Give current grade or grade child will be attending) \_\_\_\_\_

Current Grades: Please bring copy of current grades

\_\_\_\_\_ Elementary School  
\_\_\_\_\_ Middle School  
\_\_\_\_\_ High School

Special Education Classes: Y ☐ N ☐ If yes, what class?

Repeat a grade: Y ☐ N ☐ If yes, what grade? \_\_\_\_\_

Suspended: Y ☐ N ☐ What grade(s)? \_\_\_\_\_

Fight with teacher ☐ Use a weapon ☐ Skip School ☐ Steal ☐

Cruel to other Children ☐ Member of a gang ☐ If checked, explain: \_\_\_\_\_

Extracurricular Activities: (Clubs, sorority/fraternity, band) \_\_\_\_\_

**5. Employment History (Disability status for child/adolescent):**

Has the child ever received disability benefits? Y ☐ N ☐ If so, when did they begin and why?

**6. Legal History**

Child/Adolescent: Youth Court Y ☐ N ☐ Training School Y ☐ N ☐

DHS Y ☐ N ☐ If yes to above, explain: \_\_\_\_\_

History of: Stealing Y ☐ N ☐ Cruelty to Animals Y ☐ N ☐

Setting Fires Y ☐ N ☐ If yes, explain: \_\_\_\_\_

Incarcerations-list family member (Ex. uncle-aggravated assault): \_\_\_\_\_

**7. Developmental/Medical History:**

Was the child full term pregnancy? \_\_\_\_\_

During mother's pregnancy, labor, or delivery, were there any problems? Y ☐ N ☐

If yes, explain \_\_\_\_\_

Was the client's mother physically or emotionally abused? Y ☐ N ☐ If yes, explain \_\_\_\_\_

Any developmental delays? Any delays walking, talking, toileting? Y ☐ N ☐ If yes, explain \_\_\_\_\_

Major childhood illnesses, injuries, surgeries or seizures (include age) \_\_\_\_\_

History of: Bed wetting Y ☐ N ☐ Toileting Y ☐ N ☐ If yes, explain: \_\_\_\_\_

Immunization Status: (current) \_\_\_\_\_

Last eye exam: \_\_\_\_\_ Last hearing exam: \_\_\_\_\_ If problems, explain: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_ Pediatrician/Physician: \_\_\_\_\_

Current Medical/Physical Complaints: \_\_\_\_\_

Current Medications:

Name of Medication	Dosage (amt. and frequency)	Purpose

Medication compliance: Y ☐ N ☐ If no, explain \_\_\_\_\_

What activities does client enjoy? \_\_\_\_\_



History of physical/sexual/emotional abuse and/or neglect? List perpetrator, length of abuse, age of occurrence, and type \_\_\_\_\_

Family illnesses: (any history of the following illnesses?)

Diabetes	Heart Disease	Seizures	Arthritis	Ulcer
Glaucoma	Tuberculosis	Thyroid	Hypertension	HIV

If yes, indicate which family member: \_\_\_\_\_

If yes, indicate which family member: \_\_\_\_\_

### **9. Current Information and Daily Activities:**

Appropriate hygiene and grooming: Y ☐ N ☐ If no, explain \_\_\_\_\_

If the client is 16 or older, does he/she drive and have a license? \_\_\_\_\_

Does client have responsibilities/chores? Y ☐ N ☐ Describe \_\_\_\_\_

Are they done when asked? Y ☐ N ☐ \_\_\_\_\_

What rewards/consequences are given? \_\_\_\_\_

What type of discipline is used in your home? \_\_\_\_\_

What type of discipline is used in your home? \_\_\_\_\_

When arguments surface, what are/were they about? \_\_\_\_\_

Describe client's relationship with parents/guardians and home environment: \_\_\_\_\_

How much time do you and your child spend together each week? \_\_\_\_\_

Describe client's relationships with friends and peers (school, home, and/or church): \_\_\_\_\_

What activities does client enjoy? \_\_\_\_\_

### **11. Drug and Alcohol History:**

Age of first **tobacco** use: \_\_\_\_\_ History of tobacco use: (frequency, duration(s), period(s) of abstinence) \_\_\_\_\_

Severity:      Mild                      Moderate                      Severe

Age of first **alcohol** use: \_\_\_\_\_ History of alcohol use: (frequency, duration(s), period(s) of abstinence) \_\_\_\_\_

Severity:      Mild                      Moderate                      Severe

Age of first **illegal drug** use/abuse: \_\_\_\_\_ History of illegal drug use: (frequency, duration(s), period(s) of abstinence) \_\_\_\_\_

Severity:      Mild                      Moderate                      Severe

Is there a history of the following:

Nightmares Y ☐ N ☐ Tantrums Y ☐ N ☐ Suicide Y ☐ N ☐

Fighting Y ☐ N ☐ Inappropriate Internet Use Y ☐ N ☐ Cutting Y ☐ N ☐

Attempted Suicide Y ☐ N ☐

Sexual Orientation \_\_\_\_\_ Is child sexually active? Y ☐ N ☐ If yes, date of onset and partner(s) \_\_\_\_\_

Describe your child's personal strengths \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your child's personal weaknesses \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**10. Psychiatric History:**

Outpatient treatment or services: (give dates and reasons for treatment) \_\_\_\_\_

\_\_\_\_\_

Psychiatrist/Psychologist/Therapist: \_\_\_\_\_

\_\_\_\_\_

Medication history: (give medication names and ages when prescribed) \_\_\_\_\_

\_\_\_\_\_

Inpatient treatment or services: (dates and reasons for treatment) \_\_\_\_\_

\_\_\_\_\_

Psychological testing: (dates, reason for testing, and examiner) \_\_\_\_\_

**\*\*\*\*\*STOP HERE\*\*\*\*\***