

Physical/Sexual Abuse _____

Legal Problems/Gang Activity/Juvenile Hall/AWOL Behavior _____

Substance Abuse: Denies Alcohol Amphetamines Benzodiazepines Cocaine Inhalants IVDA LSD
 Marijuana Narcotics PCP other _____

MEDICAL HISTORY

Illnesses/Seizures/Allergies _____

Accidents/Head Trauma _____

Surgeries _____

Hospitalizations _____

Medications _____

Last M.D. Visit/Lab Tests _____ Pri. Care M.D. _____

Menarche: N/A _____ LNMP _____

Sexual Activity _____

FAMILY HISTORY

psychosis manic-dep. illness drug/alcohol abuse antisocial suicide attempts ADHD tics
 other _____

DEVELOPMENTAL AND SOCIAL HISTORY

Pregnancy: uncomplicated substance abuse prenatal care _____

Labor & Delivery: uncomplicated, pre- or post-term, vaginal or Caesarean section _____

Birth Wt.: _____ lbs & _____ ozs

Infancy _____

Milestones: walked at _____ talked at _____ toilet trained at _____

Toddler Years _____

History of: firesetting cruelty to animals bedwetting other _____

Elementary Grades (academics/behavior/social) _____

Middle School/Jr High (academics/behavior/social) _____

High School (academics/behavior/social) _____

Current Classes: regular SED RSP SDC other _____

CHILD/ADOL. PSYCHIATRIC EVALUATION
San Bernardino County
DEPARTMENT OF BEHAVIORAL HEALTH
Confidential Patient Information
See W&I Code 5328

NAME:

CHART NO:

DOB:

PROGRAM:

MENTAL STATUS EXAMINATION

Appearance/Grooming _____

Activity Level: appropriate for age high for age low for age _____

Abnormal Movements: none tics TD _____

Attention Span: good fair poor _____

Mood & Affect _____

Speech & Thought Processes _____

Thought Content: hallucinations delusions Specify: _____

Suicidal/Homicidal Ideas/Plans: _____

Impulse Control _____

Alertness & Orientation: person place time _____

Memory: remote recent instant retention & recall _____

Calculation _____

General Fund of Information _____

Abstraction _____

Insight _____

Judgment: response to test question _____ social _____

Play Characteristics _____

Other _____

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DIAGNOSTIC IMPRESSION (see Diag. form in chart for client's official diagnosis)

ICD-10 Code

ICD-10 Name

MANAGEMENT

- Dx, DDx, Tx Plan, Prognosis, benefits vs. risks (of Tx, non-Tx), course, alternatives were discussed with, understood by, and agreed to refused by person consenting to care
- Medical benefits/risks, indications, target Sx, alternatives discussed with, understood by, and agreed to refused by person consenting to care
- Medications recommended _____
- Informed consent for meds given (not given) and signed by _____
- Requests for more information discussed with and consented to refused by parent/caregiver
 - Conners parent and teacher questionnaire
 - hospital/clinic records from _____
- Requested Phys. Exam/Lab results: CBC with SMA7 SMA12 LFT RFT TFT UDS U/A HCG EKG other _____
- Counseling recommended (ind. family group behavior other _____)
- Educational needs discussed with parent/caregiver and advised him/her on communication with schools _____
- Case Management recommended _____
- Support Services recommended _____
- Advised parent/caregiver on emergency measures, which were understood agreed to _____
- Further Tests recommended _____
- Return to Clinic _____
- Other _____

SIGNATURE _____ PRINTED NAME _____ DATE _____

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