## **Child & Adolescent Psychosocial Assessment**

Name	Date		
Presenting			
Problem:			
Existing Medical			
condition:			
Most Recent Physical Examination:		PMD/Pediatrician	
Overall general health of child:		□ Good	□ Excellent
Previous mental healt	h treatment history		
Type of treatment received	Symptoms at the time of treatment	Approximate length of stay	Approximate dates of services
Tobacco, Alcohol and Drug	use history		
	Amount	Frequency	Date of last use
Tobacco			
Alcohol			
Marihuana			
Cocaine			
Crack			
Amphetamine			
LSD			
PCP			
IV drug use			
Other:			

## Allergy to medication:

Social History:		
Any Physical, sexual or emotional		
abuse:	· · · · · · · · · · · · · · · · · · ·	
Have any family members dealt with any mental illness, substance abu	ise? If so please	
list:		
Has there been an open CPS case in this child's name or sibling's nam	nes? If so please	
list:	•	
If child was adopted, please give details of the		
adoption:		<del> </del>
Current Living		
Situation:		
Davidon mont History		
<u>Development History</u> Describe any developmental		
delays/problems:		
delays/problems		
Did mother have any medical problems during pregnancy?		
During pregnancy, did mother? abuse alcohol-		
Use drugs-		
Smoke cigarettes-		
Mother's labor & delivery: Full term- yes/ no.		
Child was treated in incubator- yes/no,		
Birth weight		
Development: Within Normal Limits- yes/no		
Age First Word Sit Walk		
Toilet Training		
Education History		
Child is in thegrade at		city.
Is child is in special education classes?		
Parent's education		
<u>Legal History</u>		
Has patient ever been arrested or referred to juvenile court? If s	o, please	
explain:		
_ Habby		
Hobby:		
– Child's		
Strength:		
Child's		
Weakness:		