

Child & Adolescent Psychosocial Assessment

Name _____ Date _____

Presenting Problem: _____

Existing Medical condition: _____

Most Recent Physical Examination: _____ PMD/Pediatrician _____

Overall general health of child: Poor Good Excellent

Previous mental health treatment history

Type of treatment received	Symptoms at the time of treatment	Approximate length of stay	Approximate dates of services

Please list all psychiatric medications taken and effectiveness of each:

Name of Current medications: _____

Tobacco, Alcohol and Drug use history

	Amount	Frequency	Date of last use
Tobacco			
Alcohol			
Marihuana			
Cocaine			
Crack			
Amphetamine			
LSD			
PCP			
IV drug use			
Other:			

