



Mental Health Intake for New Patient Aged 13-17

This assessment completed by- Sample Name

Birthday- 12/02/2006

Adolescent's Preferred Name- Sage at school, Sophia at home

Name change in past year- Yes, but only certain people know my chosen or lived name

Preferred Pronouns- They Them

Date of Assessment- 2022-10-03

Results emailed to- bkchapelhill@gmail.com

Current Psychiatric medications- Yes

How are current meds working- Not working, that is why I am here

Therapist- Yes, I have one

Previous Diagnoses- Depression, Anxiety

Chief Complaint- Anxiety

Allergies- Yes

Allergy list- Sesame

Identified Strengths as- Creativity, Authenticity, I'm honest, Kindness, I have a 'big heart'

Identified Weaknesses/Areas could use improvement- Relationships, I'm not so good with others, Persistence, I give up easily, Kindness, I'm not nice sometimes

History of Trauma- yes (details not asked)

Previous hospitalization for psychiatric condition- no

Previous suicide attempt- Yes, more than once

Safety-

ASQ, Ask Suicide-Screening questions

Wished they were dead past two weeks- No

Felt they or family would be better if dead- No

Thoughts in past week of killing self- No

Threats, bullying, or person harming them- no

Safety concerns in past or current relationship- no

Self Injury past two month- Cutting, Scratching, Marking/Drawing

Control with self injury- depends on my stressors

Depression Screening-

Kutchner Adolescent Depression Scale (11-item) completed, abbreviated questions on this report

1) Low mood, sadness- Much of the time, 1

2) Irritable, losing your temper easily- Most of the time, 2

3) Sleep difficulties- Most of the time, 2

4) Feeling decreased interest- Much of the time, 1

5) Feelings of worthlessness, hopelessness- Hardly ever, 0

6) Feeling tired, feeling fatigued- Most of the time, 2

7) Trouble concentrating- Most of the time, 2

8) Feeling that life is not very much fun- Much of the time, 1

9) Feeling worried, nervous- Most of the time, 2

10) Physical feelings of worry- Much of the time, 1

11) Thoughts, plans or actions about suicide or self-harm- occasional thoughts, no plans or actions

Reports feeling Discrimination enough so to be effecting mood- Gender Discrimination, Orientation Discrimination

Anxiety Screening-

Causing functional difficulties- Yes, most of the time

Situations causing- Social situations, School Pressures- internal, Have Triggers

ADHD Screening-

Issue- "maybe, lets check into this"

Inattentive symptoms- Easily distracted

Hyperactive symptoms- Difficulty waiting turn

Oppositional Defiant Disorder (ODD)-

Signs and symptoms "most of the time"- deliberately annoys, blames others

Home and School Life-

Is time spent in the bedroom an issue? Yes

With their bedroom door shut, adolescent is- C- I'm functional

Who lives in the house- A step-parent, sister or sisters

Pets- dog, fish

Current relationship between patient and parent/parents/caretaker is- "has its ups and downs, which is normal"

Conflict or drama in the house- Yes, some of the time

School Grade- 10th

Grades are- B's and C's

Are they doing the best they can in school- no, not motivated

Personality, Self-Image-

On a free day would spend an hour or more on their phone on- Messaging/Calling, Streaming Music, Instagram/Facebook, Youtube, Nextflix/Amazon/Disney/Streaming

free time on phone- Animal Crossing

Personality wise between extrovert and introvert reports being- Introvert- quiet, reserved, and thoughtful individual

Body image is- "I'm ok with it"

Relationship with food and physical health is- I restrict and might have an eating disorder

Gender and Orientation-

Volunteers information "Open to questions"

In the past month they identify with the gender of- Non-Binary

Gender issues affecting mental health- feel misunderstood, living a double life, different at home then at school or wth friends

Orientation, Identified with- Not attracted to anyone yet

Orientation issues affecting mental health- Prefer not to share

Substance Use-

In the 2 months has endorsed use of- None of the Above

Marijuana- Yes, just a couple of times

If Marijuana, why- Helps tolerate others

Review of Symptoms-

Sleep- I get Nightmares

Is phone in bed with them at night- Yes, its with me and I use it during the night

12 point check of physical symptoms endorsed complaints with;

Recent weight loss

Palpitations (feel your heart)

Sexual Health- I'm interested in birth control

Other-

Additional areas of concern for further assessment- Miosphonia (sounds trigger emotions)

Additional information wanted to disclose- I would like to talk about switching therapists

Current Events

How did during the pandemic- The pandemic was and is "not good but I liked not going to in person school and the isolation was nice".

Feeling about the world- "I worry sometimes about the future of the world, especially climate change". There isn't much I can do.

Covid-19 Vaccine plan- I got the Covid Vaccine AND a booster

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