

CHILD / ADOLESCENT

Symptom Checklist-Child and Adolescent

Medicaid Number: _____

Client: _____ (Print) DOB: _____ Date: _____

If someone completing other than client, please state relationship to client: _____

Symptom Checklist for children and adolescents (Check for all problems related to why you are here today)

Difficulty Learning		Shy	
Needing special education		Nervous and uptight	
Many complaints from school		Sadness	
Problem enjoying other children's company		Threats of suicide	
Poor coordination		Cutting and self mutilating	
Everything must be just so		Mood swings	
Repetitive movements		Difficulty getting to sleep	
Difficult in bladder control		Difficulty waking up in time	
Soiling clothes		Eating problems/throwing up	
Making too many careless mistakes			
Difficulty focusing and listening			
Difficulty getting organized			
Losing things all the time			
Forgetful			
Fidgety and hyperactive			
Difficulty being quiet			
Talking too much			
Difficult waiting turns			
Interrupting others all the time			
On the go			
Fighting and threatening			
Cruelty to animals			
Stealing			
Fire Setting			
Property destruction			
Running away			
Problems with the law			
Argumentative			
Defiant of adult authority			
Annoying			
Angry			
Abnormal face movements and tics			
Very scared to be away from parents/home			