All intakes

Integrated Therapy Solutions of Oklahoma, LLC
620 NW 5th St. Suite D
Moore, Oklahoma 73160
Ph: (405) 208-4469 Fax: (405) 208-4472

INTAKE/ASSESSMENT SCREENING – (Child) – BLACK INK ONLY

All areas MUST be completed – *use None Reported if Not Applicable.*

Date: 8/21/2025 **Start Time:** 3:13pm **Stop Time:** 3:44pm

Client Legal Name: Last: Doe **First:** Jana **MI:** S **Maiden:** Lee

Preferred Name (if different from above): "Wendy"

DOB: 5/6/2012 **Age:** 13 **Legal Gender: (required for insurance)** ☑ Female ☐ Male

Gender Identity: female **Sexuality:** bisexual **Preferred Pronouns:** She/her

Address: (city,St,zip) 555 NW 1st Street Moore, OK 73110 **county:** Oklahoma

Phone #: (Primary) 4052226677 **Other:** none reported

Marital Status:

☑ single ☐ married ☐ divorced ☐ civil union/domestic partnership ☐ widowed ☐ Other: _____

Immediate/Urgent Needs: (including medical)

recent inpatient stay reported

Provider of Screening and Assessment Information: ☑ Self ☑ Parent/Guardian ☐ Other: _____

Do you have a pending court date we should be aware of for OJA/DHS/Child Custody: none reported

Are you currently homeless: ☐ Yes ☑ None Reported **If yes, for how long:** _____

Race (check all that apply): ☐ Alaska Native ☑ American Indian ☐ Asian ☐ Black or African American ☐ Pacific Islander ☐ White/Caucasian **Ethnicity:** ☑ Hispanic/Latino

Employment: ☐ Full time ☐ Part time ☐ Unemployed ☐ Not in work force ☑ Student

Preferred Language: English **Other Languages Spoken:** Spanish

Emergency Contact Information:

Name: Todd Doe **Relationship:** father

Phone #: 405 888 8888 **Address: (city,St,zip)** same as client

Type of treatment services needed/requested: *eligibility required

☑ Individual ☑ Family ☐ Psychosocial Rehabilitation* ☐ Case Management*

*Not all consumers qualify for these services

Do you currently have an IEP/504 to submit for BHRS services? ☐ Yes ☑ None Reported

Frequency of Services Desired: ☑ Once weekly ☐ Twice weekly ☐ Other

Are there any referrals to and/or collaboration with another agency? ☐ Yes ☑ None Reported

If yes, list name and telephone number: _____

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CDC Info: (Basic CDC Tab)

Annual Household Income: 45,000 Number of Dependents: 3

Are you currently in school? ☑ Yes ☐ None Reported

In the past 90 days of the school year, how many days was the consumer absent from school? (00-90) 4

In the past 90 days of the school year, how many days was the consumer suspended from school? (00-90) 1

In the past 90 days, how many days was the consumer not permitted to return to day care? (00-90) Ø

Inpatient History: ☐ None Reported

In the past 90 days, how many days was the consumer in restrictive placement? (00-90) 4

In the last 90 days, on how many days did an incident of self-harm occur? (00-90) 7

Do you currently have a VPO in place for any reason? ☐ Yes ☑ None Reported

If yes, is it an emergency VPO? Please provide a copy to the office for our records and your safety.

Additional Details: none reported

Sample

I. BEHAVIORAL: INCLUDING MENTAL HEALTH AND ADDICTIVE DISORDERS

(a) Presenting Problem(s) – including symptomology:

recent hospitalization for suicidal ideation and self harm; anxiety; interpersonal issues; depressed mood

Do you have a history of violent behavior? ☐ Yes ☑ None Reported If yes, describe and include dates:

none reported

Have you ever attempted suicide? ☐ Yes ☑ None Reported If yes, describe and include dates:

none reported
client reported past suicidal ideation but denies attempts

Do you currently have thoughts of hurting yourself or others? ☐ Yes ☑ None Reported

If yes, do you have a plan? ☐ Yes ☑ None Reported ☐ N/A

If yes, what is it?

none reported

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Any risk-taking behaviors? ☑ Yes ☐ None Reported If yes, please describe:
self injury, drinking alcohol reported

II. Emotional, including issues related to past or current trauma and domestic violence:

Have you ever been a victim of or witnessed emotional abuse and/or neglect? ☑ Yes ☐ None Reported

If yes, describe:
emotional abuse by prenous partner reported 2024

Have you ever been a victim of or witnessed domestic violence and/or other physical abuse?

☐ Yes ☑ None Reported If yes, describe:

Have you ever been a victim of or witnessed sexual assault /abuse? ☐ Yes ☑ None Reported

If yes, describe:

History of Additional Trauma:
death of pet - 2020; car accident 2021

(b) Previous Treatment History:

Previous Treatment History and/or Diagnostic History (Include diagnoses, treatment information and dates):

Mental Health:
Inpatient at cedar Ridge; diagnoses Major Depressive Disorder, recurrent, Moderate; July 14-19, 2025; no other past treatment reported

Substance Abuse:
none reported

Domestic Violence:
none reported

SUBSTANCE USE ☐ Not Applicable Reason: _____

Do you smoke? ☐ Yes ☑ None Reported If so, how much? Do you have a desire quit? ☐ Yes ☑ None Reported

Substance	First Use	Last Use	How Often	How Much	Method
Alcohol	age 11	8 weeks ago	2x week	4-5 shots	drinking

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Consequences of use:

☐ Problems in your life ☑ Problems in your job/school ☑ Problems in your relationships
☐ Problems with your health
☐ Convulsions ☐ Blackouts ☐ Hallucinations ☐ Shakes ☑ Nausea ☐ Overdose ☐ DT's
☐ Memory problems ☐ Legal Problems ☐ Other:

(C) Current and Past Psychotropic and Addiction Medications:

Current Medications: Sample

Are you currently taking prescribed or over-the-counter ***psychotropic or addiction*** medication?
☑ Yes ☐ None Reported
If yes, list medications below:

Medication	Dosage/Frequency	Date Initiated
Zoloft	75 mg / day	7/14/2025

How have you adjusted to treatment/medication?
"some improvement in mood" - per client

Past Medications:

Medication	Dosage/Frequency
none reported	

(D) Family history of mental health and other addictive disorders.

Any history of alcohol/drug abuse or mental illness in family of origin? ☑ Yes ☐ None Reported
If yes, list family member(s): Autism spectrum disorder - sister

Does significant other drink, smoke, use prescription drugs or use any other mood-altering substances?
☐ Yes ☑ None Reported ☐ N/A If yes, please describe:

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III. Physical/medical including medications:

(a) HEALTH HISTORY/CURRENT BIOMEDICAL CONDITIONS

Any current medical/health/dental problems? ☐ Yes ☑ None Reported

If yes—what is the diagnosis/problem(s)?

none reported

If applicable - What treatments are you receiving?

none reported

Do you have an advanced directive? ☐ Yes ☑ None Reported

If so, how will it impact your treatment?

none reported

Any disabilities that would affect your treatment? ☐ Yes ☑ None Reported

If yes, please describe: none reported

Any allergies to medication? ☑ Yes ☐ None Reported If yes, List

Atarax, Ciprofloxin

(b) current and past physical health medications:

For consumers 14 years and up

*Do you desire assistance in accessing birth control/family planning, or other resources?

☐ Yes ☑ None Reported

List resources requested: _____

Sample

For consumers of all ages:

Are you currently receiving hormone therapy? ☐ *Yes (list below)* ☑ *None Reported*

If yes, do you feel supported by your family/friends? none reported

Current Medications:

Are you currently taking prescribed or over-the-counter ***physical health*** medication?

☐ Yes ☑ None Reported

If yes, list medications below:

Medication	Dosage/Frequency	Date Initiated
none reported		

How have you adjusted to treatment/medication?

none reported

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Past Medications:

Medication	Dosage/Frequency
none reported	

IV. SOCIAL AND RECREATIONAL

(a) family and other relationships:

FAMILY/MARITAL, SOCIAL HISTORY, LIVING SITUATION

With whom do you currently live?
mother and father

Who have you lived with in the past?
mother and father and sister

Any significant childhood losses? Include divorce, death, and estrangement. (include ages)
loss of pet - age 8

(b) recovery and community support:

To whom do you currently look for support?
"Allie, Brad, and Julie" - per client

Do they support your entering treatment? ☑ Yes ☐ None Reported
"They said they were happy I was in therapy" - per client

Are you experiencing severe isolation or withdrawal from social contact? ☐ Yes ☑ None Reported
If yes, explain:
none reported

Do you feel supported by your family in regards to your identity? ☑ Yes ☐ None Reported

(c) leisure and wellness activities:

What do you currently like to do for recreation?
"painting, tiktok, going for walks"

How have you spent your leisure time in the past?
"basketball"

(d) culture, including traditions and values.

Cultural Attitude/Orientation: (Values/Beliefs/Culture of Violence/Culture of Sexual abuse/Ethnic Culture/Religious Culture). ***Cannot be NONE REPORTED***
"culture of sadness"; "Hispanic culture"; "I believe the best in people"

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How could your cultural orientation/practices affect treatment?
"I'd like my therapist to be open minded" - per client

What is your religious background? ☑ Buddhism
What are some of your favorite traditions?
"Halloween"

V. Vocational

(a) educational attainment, difficulties, and history:

EDUCATIONAL HISTORY ☐ **Not Applicable Reason:** _____

Last year completed & Name of school: 7th grade - Putnam Heights

Which grades, if any, did you repeat? 1st grade

What vocational school or college have you attended? none reported

List specialized training, if any none reported

Do you have a desire to go to college/higher education? "yes"

Would you like help with pursuing higher education resources? ☐ Yes ☑ No

(b)current or previous military service including discharge status: age 13-

MILITARY HISTORY (clients 16 years +) ☑ **Not Applicable Reason:** none reported

Have you ever been in the military? ☐ Yes ☑ No

If yes, what branch, dates of service, and type of discharge? _____

Did you have combat experience? ☐ Yes ☑ No

Are you currently experiencing any of the following symptoms? ☐ Nightmares/flashbacks

☐ outbursts of anger ☐ feelings of sadness or guilt ☐ intrusive memories or thoughts

(c) current and desired employment status.

OCCUPATIONAL HISTORY (clients 16 years +) ☑ **Not Applicable Reason:** age 13 - none reported

Employer/Job Title: _____ How long employed? _____

Other sources of income (i.e. SSI, disability, VA, retirement, child support, etc.): _____

What kinds of work are you qualified to perform? none reported

CLIENT'S QUALITIES (client responses needed)

What are your strengths/abilities? (assets, resources, natural positives)
"I am kind and hardworking" - per client "She is so smart" - per mom

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What are your needs/liabilities? (weaknesses, what do you need to recover)
"I need to work on depression and anxiety and not hurting myself"

What are your abilities/interests? (skills, aptitudes, capabilities talents, competencies)
"I can write well and am talented at art and science"

What are your preferences? (what will enhance treatment experience?)
1x week, "open minded"; CBT

What do you expect from this program in terms of service?
"I want to connect with my therapist and feel better"

Therapist's expectations:
Attendance, honesty and openness, active participation, and homework completion

Diagnosis -ICD 10 DIAGNOSIS - WRITE OUT ENTIRE DIAGNOSIS – DO NOT ABBREVIATE

ICD 10 DIAGNOSIS (If using DC: 0-3, use the appropriate crosswalk and enter the appropriate ICD-10 diagnosis code and diagnosis)

PRIMARY CODE: F33.1 **DISORDER:** Major Depressive Disorder, recurrent, moderate

SECONDARY CODE: _____ **DISORDER:** _____

TERTIARY CODE: _____ **DISORDER:** _____

Psychosocial Interpretive Summary:

(Therapist summary of biopsychosocial information – this is NOT the same as the interpretive summary for the treatment plan)

The client is a 13/female presenting after referral by Cedar Ridge. Client reports a history of suicidal ideation, self harm, anxiety, depressed mood, and interpersonal issues. Client does report trauma history, including emotional abuse, car accident, and death of a pet. Client was administered the CATS regarding car accident and scored a 30, indicating significant symptomology. Client reports no prior therapy prior to inpatient and no medical diagnoses. The client and mother report past diagnosis of Major Depressive Disorder, recurrent, moderate and provided documentation.

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BIOPSYCHOSOCIAL ADDENDUM
CHILDREN AND ADOLESCENTS

SCHOOL HISTORY

1. Is the child currently enrolled in school? ☑ Yes ☐ No

2. Present school attending/will attend: Putnam Heights Grade: 8th

3. Has the child had to repeat a grade? ☑ Yes ☐ None Reported If yes, what grade? 1st

4. Does the child currently have an active IEP/504 in place at school?
☐ Yes ☐ None Reported If yes, explain: _____

5. Has the child been diagnosed with a learning disability? ☐ Yes ☑ None Reported

6. Does your child have difficulty reading? ☐ Yes ☑ None Reported

7. Does your child have difficulty writing? ☐ Yes ☑ None Reported

8. How are grades now?
"I think my grades are good" - per client MOM - "As and Bs"

9. Has your school performance changed? ☑ Yes ☐ None Reported If yes, explain:
MOM reports more missing assignments

DEVELOPMENTAL HISTORY

1. Any problems at birth?
2 weeks early per mom

2. Prenatal exposure to alcohol, tobacco, or other drugs?

☐ Yes ☑ None Reported If so, explain:

3. Age first walked? 9mo. 4. Age first talked? 9mo.

5. Known developmental delays none reported

6. Any hearing problems? ☐ Yes ☑ None Reported Has this been tested? ☑ Yes ☐ None Reported

7. Any vision problems? ☐ Yes ☑ None Reported Has this been tested? ☑ Yes ☐ None Reported

8. Do you have problems with speech? ☐ Yes ☑ None Reported

9. Have you had any speech therapy? ☐ Yes ☑ None Reported

FAMILY HISTORY/PLACEMENTS

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Current legal custody or legal guardianship (may not be the same as current physical custody):
☐ Mother ☐ Father ☑ Joint ☐ DHS Other _____

***Please provide a copy of most recent custody paperwork if there is a current divorce/custody agreement in place – can be emailed to admin@itsofok.com**

Parents'/guardians' ability/willingness to participate in services:
Mom states she and father are "willing"
Parents'/guardians' strengths/abilities:
MOM - "I am understanding, and dad is consistent."
Parents'/guardians' preferences:
CBT, 1x week

Sample

IMMUNIZATIONS
1. Are immunizations currently up to date? ☑ Yes ☐ No
Source of information
Mother
PEER INTERACTIONS
1. Who are your friends?
"Allie, Brad, and Julie"
2. What do you like to do together?
"draw, paint, make tiktoks"
3. Do any of them drink or use drugs? ☑ Yes ☐ None Reported **If yes, explain:**
"some drink alcohol with me" - pertinent

4. Any problems with peers?
Some interpersonal issues reported, such as arguing

5. SUMMARY OF DEVELOPMENTAL ASSESSMENT
(Therapist summary of information provided – have milestones been met, are referrals to additional supports needed,etc)
Concerns noted in development include reported early birth, drinking with peers, and some arguing with peers.

Malibu - MAPC-S — 8/21/2025
Therapist Signature/Credentials — Date

Angela Doe — 8/21/2025
Guardian Signature — Date

Jane Doe — 8/21/2025
Client Signature (if over 12) — Date