



90792-U1U6

IN: _____

Substance Abuse:

- marijuana ETOH Crystal Methamphetamine MDMA Stimulants
 PCP Ketamine Heroin Cocaine LSD Inhalants Hashish
 Mushrooms Benzodiazepines Other _____

Legal History:

- violation of probation unruly child runaway drug possession selling drugs
 battery burglary/theft probation none

Previous Medical History:

Patient reports/ denies history of asthma, seizure disorder, head injury concussion, and heart problems:

HX of surgeries: Yes or No

Patient reports/ denies HX of Allergy: Yes or No

Psychotropic Medication Review (Past & Present):

Patient was first/never evaluated at age of _____ not currently treated with:

Medication (best dose, frequency)	Tolerability	Response	Started	Last Taken
	good / poor	0%, 25%, 50%, 75%, 100%		
	good / poor	0%, 25%, 50%, 75%, 100%		
	good / poor	0%, 25%, 50%, 75%, 100%		
	good / poor	0%, 25%, 50%, 75%, 100%		
	good / poor	0%, 25%, 50%, 75%, 100%		
	good / poor	0%, 25%, 50%, 75%, 100%		

Patient reports/denies history of psychiatric hospitalization:

Medicaid ID#: _____

DOS: ___/___/___
 DOB: ___/___/___



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Or past history of suicidal ideations _____, attempts _____ intent, or plan

Patient reports/denies history of homicidal ideations X _____ Patient reports/denies history
of counseling X _____. Currently in/ discharged from treatment due to

Family Psychiatric History:

Maternal Psychiatric History:

Maternal Grandparents: _____

Maternal Uncle/Aunt: _____

Biological mother reports/ denies history of substance abuse/ dependence:

She reports/ denies psychiatric history: _____

Medication taken: _____

Mother reports/ denies history of psychiatric hospitalization, treatment or suicidal attempts:

Paternal Psychiatric History:

Paternal Grandparents: _____

Paternal Uncle/Aunt: _____

Biological father reports/ denies history of substance abuse/ dependence:

He reports/ denies psychiatric history: _____

Medication taken: _____

Father reports/ denies history of psychiatric hospitalization, treatment or suicidal attempts:

Social History:

Patient was born in _____ # _____ of _____ children

Ages: _____

Patient was raised by: _____

Biological _____ is / is not actively involved in case.

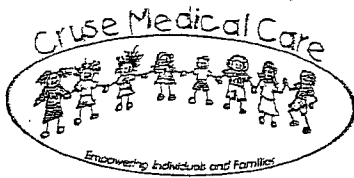
Patient currently lives with _____

Patient enjoys _____

Patient is closest to _____

Medicaid ID#: _____

DOS: ___/___/___
DOB: ___/___/___



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Patient reports/ denies history of physical/ sexual abuse _____

Patient reports/ denies witnessing domestic abuse/ violence _____

Patient is currently in _____ grade. Sp Ed/Reg: _____

Patient reports/ denies history of repeating a grade _____

Patient reports/ denies history of school expulsion or suspension: _____

Developmental History:

_____ denies/ reports history of illicit drug use during pregnancy.
_____ weeks of pregnancy

C-Section due to _____

Normal/vaginal delivery; Weight _____; Complications at birth _____

Developmental milestones:

Patient was potty trained at age _____

Difficulty with transition _____ Anticipatory posture _____

Legal History:

Patient reports/ denies involvement with the police at the age of _____ due to _____

HX of RYDC placement _____ Patient reports/ denies history of probation: _____

Patient reports/ denies history of DFACS involvement due to: _____

Mental Status

Medicaid ID#: _____

DOS: ___/___/___
DOB: ___/___/___