Child/Adolescent Update

Today's Date_____

Child's Name_____ Preferred Name/Nickname:_____
Address_____
City_____ State_____ Zip_____
Birth Date_____ Age _____ Sex _____
School_____ Grade_____
Name of person completing this form_____

Mother's Name:_____ Mother's Preferred Phone#:_____
Mother's Address:_____

Father's Name:_____ Father's Preferred Phone#:_____ Father's Address:_____

Legal Guradian:_____ Relationship: _____
Preferred Phone #:_____
Address:_____

Emergency Information
In case of emergency, contact:
Name:_____ Relationship_____ Phone_____

Current concerns you have for your child : _____
_____

Goals: When my child has completed therapy they will…_____
_____

What skills would you and your child like to build?

☐ Increase ability to cope with stressors ☐ Increase ability to express feelings
☐ Anxiety management ☐ Conflict resolution
☐ Following directions ☐ Build self-esteem
☐ Build confidence in skills and abilities ☐ Problem solving skills
☐ Build parenting strategies ☐ Improve mood
☐ Improve ability to accept "no" ☐ Improve ability to cope with change
☐ Improve social skills ☐ Improve cooperation with rules
☐ Ability to more appropriately express anger/frustration
☐ Having appropriate boundaries with others
☐ Other:_____

Strengths

☐ Good at reading ☐ Good at math ☐ Confident ☐ Caring
☐ Tries hard at school ☐ Organized ☐ Wise ☐ Athletic
☐ Enthusiastic ☐ Good friend ☐ Helpful ☐ Nature enthusiast
☐ Trustworthy ☐ Positive ☐ Observant ☐ Considerate
☐ Good listener ☐ Adventurous ☐ Independent ☐ Appreciative
☐ Creative ☐ Good with animals

☐ Other:_____

Current Activities or Interests: _____
_____
_____

FAMILY IDENTIFICATION AND HISTORY

Please name each person (including parents, stepparents, adoptive parents, or full, half or step siblings) **CURRENTLY** living in the same household as this child:

Primary Household

Name	Relationship to child	Age	Grade or Occupation	Quality of Relationship

Secondary Household (if applicable)

Name	Relationship to child	Age	Grade or Occupation	Quality of Relationship

Does your child have any siblings that do not live with them in either household? ☐ No ☐ Yes

If co-parenting, what is the legal arrangement? ☐ Parents share physical and legal custody
☐ Mother has full physical/shared legal ☐ Father has full physical/shared legal
☐ Mother has full custody ☐ Father has full custody

Current Parenting Schedule if shared custody: _____

Life Stressors (Please mark any life stressors that are *currently* impacting your child):

- ☐ Moved
- ☐ School harassment, bullying, or violence
- ☐ Family financial stressors
- ☐ Parent starting work outside the home
- ☐ Divorce or separation
- ☐ Absent/unavailable parent
- ☐ Parental conflict
- ☐ Family violence
- ☐ Death of a family member or friend
- ☐ Changed school
- ☐ Serious illness or injury in family
- ☐ Job change in family
- ☐ Support group deficit
- ☐ Sibling leaving home
- ☐ Educational struggles
- ☐ Housing inadequate
- ☐ Sibling conflict, beyond what would be expected

Educational/Social Update

Average grades_____ ☐ satisfactory ☐ unsatisfactory ☐ above average ☐ average ☐ below average

Homework problems: ☐ None ☐ Refuses ☐ Procrastinates ☐ Completes but does not turn in ☐ Struggles to focus ☐ Meltdowns around homework

Special services child receives (Title I, Special Ed, etc..):_____

What have teachers said about the child/teen_____

Socialization: My child has: ☐ a lot of friends ☐ no friends ☐ some friends ☐ difficulty making friends ☐ difficulty keeping friends ☐ makes poor choices in friends ☐ has online friends

Sexual Development: Since your child was last seen, have any concerns regarding your child's sexual health presented themselves? ☐ No ☐ Yes If yes, please describe concerns:_____

_____

Current Symptoms

When reviewing these symptoms, please mark only those behaviors that are occurring more often or more intensely than you would typically see at your child's stage of development.

Group A

- ☐ Persistently sad or unhappy
- ☐ Low self-esteem
- ☐ Loss of interest in things previously enjoyed
- ☐ Anger and rage
- ☐ Recurrent thoughts of death
- ☐ Socially isolating/avoiding others
- ☐ Grades have dropped
- ☐ Irritable
- ☐ Feelings of worthlessness
- ☐ Difficulty concentrating
- ☐ Suicidal comments
- ☐ Engaging in self-harming behavior
- ☐ Crying easily/frequently
- ☐ Loneliness
- ☐ Headaches, stomachaches, etc. without cause

Changes in appetite: ☐ Increase ☐ Decrease

Changes in sleep pattern: ☐ trouble falling asleep ☐ trouble staying asleep ☐ sleeping a lot Changes in activity level: ☐ low energy ☐ more restless than usual

Group B

- ☐ abrupt, rapid mood swings
- ☐ excessive talkativeness
- ☐ decreased need for sleep
- ☐ engaging in risky behaviors
- ☐ periods of extreme hyperactivity
- ☐ exaggerated ideas about self or abilities
- ☐ racing thoughts
- ☐ prolonged, explosive temper tantrums or rages that are out of the range of normal for their developmental level
- ☐ severe and persistent irritability nearly every day

Group C

- ☐ excessive anxiety and worry
- ☐ child has a hard time turning off worries
- ☐ restlessness
- ☐ muscle tension
- ☐ irritability
- ☐ need for perfection
- ☐ test anxiety
- ☐ difficulty concentrating
- ☐ excessive shyness
- ☐ easily fatigued
- ☐ difficulty sleeping
- ☐ lacks confidence in abilities
- ☐ intense distress when separating from parent figure
- ☐ nightmares involving theme of separation
- ☐ refusal to go to school because of fear of separation
- ☐ persistent worry about something bad happening to a parent figure
- ☐ persistent fear of a life event separating the child from the parent
- ☐ persistent fear or reluctance of being alone or without parent figure
- ☐ refusal to go to sleep without parent figure nearby
- ☐ complaints of physical symptoms (headaches, stomachaches, nausea, diarrhea)
- ☐ excessive and unreasonable fear of an object or situation: ☐ getting shots ☐ vomiting ☐ bugs ☐ dark ☐ seeing blood ☐ other:_____
- ☐ compulsive behaviors: ☐ counting ☐ hoarding ☐ checking ☐ organizing ☐ hand washing
- ☐ repeating words ☐ other:_____
- ☐ obsessive thoughts, impulses or mental images that cause the child significant distress or anxiety
- ☐ recurrent skin picking, resulting in sores
- ☐ recurrent pulling out of one's own hair, eyelashes, or eyebrows, resulting in hair loss

Group D

- ☐ often fidgets with hands or feet, or squirms in seat
- ☐ often leaves seat in situations in which remaining seated is expected
- ☐ running or climbing in situations where that is inappropriate
- ☐ blurts out answers to questions before they have been completed
- ☐ talks excessively
- ☐ often interrupts or "butts in" to others' games
- ☐ often has difficulty waiting in line or taking turns
- ☐ difficulty playing quietly
- ☐ very restless, as if "driven by a motor"
- ☐ easily distracted
- ☐ does not seem to listen
- ☐ tendency to seek instant gratification

☐ often loses things necessary for tasks or activities (school assignments, pencils, books)
☐ seems disorganized, loses things needed for school
☐ act without considering the consequences
☐ is often forgetful in daily activities
☐ makes careless mistakes on schoolwork or other activities/fails to pay attention to details
☐ often does not follow through on instructions

Group E

☐ often loses temper
☐ often refuses to follow rules or adults' requests
☐ often deliberately does things to annoy others
☐ often blames others for mistakes/misbehavior
☐ often argues with parents or teachers
☐ is often angry or resentful
☐ is often spiteful or vindictive
☐ is often touchy; easily annoyed by others

Group F

☐ often bullies, threatens or intimidate others
☐ skips school
☐ has deliberately destroyed others' property
☐ has been physically cruel to other people
☐ sets fires/dangerous play with fire
☐ has broken into someone else's house or car
☐ often lies or "cons" others
☐ is cruel to animals
☐ often starts physical fights
☐ doesn't seem sorry for hurting others
☐ has forced someone into sexual activity
☐ runs away overnight
☐ has stolen while confronting the victim
☐ has stolen small items without confronting the victim
☐ often stays out late at night without permission before the age of 13

Group G

☐ alcohol use
☐ drug use
☐ smoking/vaping

Group H

☐ recurrent and upsetting thoughts of a past traumatic event_____
☐ recurrent distressing dreams of a past upsetting event
☐ a sense of reliving a past upsetting event
☐ a sense of panic or fear to events that resemble an upsetting past event
☐ spending effort avoiding thoughts or feelings associated with a past trauma
☐ inability to recall an important aspect of a past upsetting event
☐ persistent avoidance of activities or situations that cause him/her to remember a past upsetting event
☐ marked decreased interest in important activities
☐ feeling detached or distant from others
☐ feeling numb or restricted in your feelings
☐ feeling that his/her future is shortened
☐ quick startle response
☐ feeling like he/she is always watching for bad things to happen
☐ when recalling the trauma the child tends to put the events in the wrong sequence of when things happened
☐ child believes that there were warning signs predicting the trauma and that if they are aware enough they can recognize warning signs to avoid future trauma.
☐ compulsively re-enacts some part of the traumatic experience through play

Group I

☐ poor use of nonverbal behaviors (such as eye-to-eye gaze, facial expression, body postures and gestures to regulate social interactions)
☐ failure to develop peer relationships
☐ lack of showing, bringing, or pointing out objects of interest to other people
☐ lack of social or emotional exchanges with others
☐ regularly gets overwhelmed or upset when their routines or expectations are disrupted
☐ hand or finger flapping or twisting
☐ difficulty identifying when someone is teasing
☐ fails to predict likely consequences in social situations
☐ difficulty making believe or pretending
☐ talks about a single subject excessively (e.g.: dinosaurs, computers, fire trucks, a game, etc..)
☐ shows an intense, obsessive interest in certain intellectual subjects
☐ unaware of, or insensitive to the needs or feelings of others
☐ demonstrates bizarre or unusual forms of behavior
☐ preoccupation with specific subjects or parts of objects
☐ expresses feelings of empathy inappropriately
☐ seems unaware of social norms or codes of conduct
☐ becomes frustrated quickly when unsure of what is required ☐ displays clumsy and uncoordinated gross motor movements

Group J

☐ restriction of food intake that leads to a less than normal body weight
☐ intense fear of gaining weight or of becoming fat event though at a significantly low weight
☐ engaging in persistent behaviors that interfere with weight gain
☐ persistent over concern with body shape and weight
☐ lack of recognition of the seriousness of the current low body weight
☐ recurrent episodes of binge eating large amount of food
☐ eating, in a certain time frame, larger amounts of food than most people would eat in the same time ☐ a sense of lack of control over eating during the episode
☐ engaging in self-induced vomiting
☐ the misuse of laxatives, water pills, strict dieting or excessive exercise

Group K

Is your child currently experiencing any gender identity dysphoria? ☐ No ☐ Yes

Group L

Do you have concerns that your child has an addiction to their phone, the Internet, or video gaming?
☐ No ☐ Yes

Physical Health Update

Describe your child's current physical health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Is your child currently under the care of a doctor/health provider? ☐ No ☐ Yes
If yes, Name: _____ Clinic: _____

Current medical diagnosis or concerns?_____

What medications is your child currently taking?

Medication_____ Dose: _____
Medication_____ Dose: _____
Medication_____ Dose: _____

Mental Health Update

Is your child currently under the care of a psychiatrist? ☐ No ☐ Yes
If yes, Name:_____ Clinic:_____

Has your child recently been hospitalized for mental health issues or suicidal thoughts?
☐ No ☐ Yes/Facility:_____ Date: _____

Has your child participated in other therapy (group, individual, family) recently? ☐ Yes ☐ No
If yes, what clinic or provider did your child see? _____
_____