

Identifying Information:

NAME: _____ **DOB:** _____
AGE: _____ **DATE of EVAL:** _____
RACE: _____ **GENDER:** M / F
RELIGION/CULTURAL _____

UPDATE any changes of parental information below (address , phone, etc):

Name:	Name:
Relation (Mother/Father):	Relation (Mother/Father):
Address:	Address:
County:	County:
Phone - home:	Phone - home:
Phone – cell:	Phone – cell:
Phone – work:	Phone -work:
Type of work:	Type of work:

BHRS TEAM: BSC -
 TSS -

PHYSICIAN:

Who is with you today?
 Do you have a copy of child’s most recent evaluation? Yes / No

II. Reason for Psychological Evaluation:

- Continue services - change in services - desired services (circle all that apply – describe if desired)

Diagnosis (previous/current/second opinion)

- Is there anything you want to find out today?

III. Curent Strengths (please list):

Ongoing concerns (list CURRENT concerns):

Any High Risk Behaviors –Yes / No (if yes, please describe)

List if there is any change of who is in living in the home?

Name	Age/grade	Relation

Any UPDATED medical information Yes / NO (If yes, please describe, ie a change in medication, recent hospitalization, new diagnosis)

List any medications your child/teen is presently receiving (name of drug(s) and dosage/ times when given)

Please indicate any CHANGES or difficulties your child/teen has had with the following:

Toileting In the past Currently Never
Eating In the past Currently Never
Sleeping In the past Currently Never

Community:

Describe CURRENT community activities (ex. Band, sports, church, etc)

Peer Relationships:

Describe child's CURRENT friends or other important relationships

Drug and Alcohol:

Any CURRENT concerns Yes / NO (If yes – describe)

Trauma History:

Any CURRENT concerns Yes / No (If yes – describe)

Legal:

Any CURRENT legal concerns Yes / No (If yes – describe)

(CYF involvement, involved with the juvenile system, out of home placement of any kind, etc)

Educational History:

Current School:

Grade:

School address:

School district:

Name of classroom teacher:

Any RECENT psychological testing at school? Yes No

(If yes, please attach a copy of the report or have a copy sent to us.)

Any RECENT suspensions? _____ Yes _____ No

If yes, Why?

Impact of Services: SINCE the LAST evaluation

Have services been helpful Yes/ No

If yes, how have you noticed improvement?

If no, what were problems?

What would you like to see happen in the future?

Is it okay to email you? _____ (initial if yes)

Email : _____

for (mom/dad) _____
Circle or list

Email : _____

for (mom/dad) _____
Circle or list

LIST here if there is anything else you feel that is important you think I should know.