



HAZELWOOD
MENTAL HEALTH

Child/Adolescent New Patient Intake

Legal Name: _____ **Preferred Name:** _____
Date of Birth: _____ **Age:** _____ **Gender:** _____

Legal Guardian(s): _____
Relationship to patient: _____
Is DCS/CPS involved? yes no in the past, not currently

Best number to call: _____ **Alternate Number:** _____
Home address: _____
City, State, Zip: _____
Email: _____

In a few words, what is the reason for scheduling an appointment? What is your main concern and what do you think will help? _____

People Living in the Home

Name	Relationship	Age

Do parents share custody? yes no n/a parents still married
If not, who has final decision making? _____
Is the child adopted? Yes No
Does the child know? Yes No N/A

Birth History

Was the child Premature Full-term
Where there any complications during pregnancy or birth? Yes No If yes, please ~~include~~
_____ **During pregnancy, was the**
child exposed to: Illicit drugs Alcohol Prescription medication

Family Medical History

Do any family members (mom, dad, grandparents, siblings) have a history of any of the following?

	Yes	No	Who
High Blood Pressure			
Heart Disease (any type)			
Diabetes			
Thyroid Problems			
Cancer			
Alcohol or drug misuse			
Depression			
Anxiety			
Bipolar Disorder			
Schizophrenia			
Other: _____			
Other: _____			

Child's Medical History

	Yes	No
High Blood Pressure		
Heart Murmur		
Diabetes		
Thyroid Problems		
Cancer		
Seizures		
High Cholesterol		
Kidney Disease		
Alcohol or drug use		
Depression		
Anxiety		
Bipolar Disorder		
ADHD		

	Yes	No
Constipation		
Diarrhea		
Nausea/Vomiting		
Sleep Problems		
Frequent Headaches		
Head Injury		
Asthma		
Vision Impairment		
Hearing Impairment		
Learning Delays		
Genetic Disorder		
Other: _____		
Other: _____		

Additional Medical History: _____

Past Surgeries: _____

Current Medications, Vitamins, Supplements: (include dose, reason for taking, who prescribes it)

Allergies to medications? Known? List with reaction

Other allergies? (food, environmental): _____

Mental Health History

Are you concerned your child is using Illicit drugs? Yes No

Is there a history of self-harm behavior (cutting, burning, hitting self)? Yes No

Is there a history of suicidal thoughts? Yes No

Is there a history of suicide attempts? Yes No

Has your child received mental health services now or in the past? If so, what type, who/where?

Has your child been diagnosed with any mental health conditions? If so, what?

Has your child been in a psychiatric hospital, residential treatment program, or intensive outpatient program?

Education

What grade is your child in? _____

What school does your child attend? _____

Has your child skipped or repeated a grade? No If yes, explain _____

Does your child have a 504 plan, IEP, or receive special education services? Yes No

Is your child taking honors courses, working above grade level or in a gifted program? Yes No

Is your child experiencing bullying at school? Yes No Not sure

Has your child been diagnosed with a learning disorder or cognitive delay? Yes No

Any other comments or thoughts you would like to share prior to the appointment: _____

Past Medication Trials

O None

Medication Generic (Brand)	Reason for taking	Any positive or negative reactions (describe)
Amphetamine Formulations: Adderall, Adzenys, Dyanavel, Mydayis, Dexedrine, Vyvanse, Zenedi		
Aripiprazole (Abilify)		
Atomoxetine (Strattera)		
Bupropion (Wellbutrin)		
Buspirone (BuSpar)		
Carbamazepine (Tegretol)		
Cariprazine (Vraylar)		
Clonidine (Catapres)		
Clonazepam (Klonopin)		
Citalopram (Celexa)		
Clozapine (Clozaril)		
Desvenlafaxine (Pristiq)		
Divalproate/Valproate (Depakote)		
Diphenhydramine (Benadryl)		
Escitalopram (Lexapro)		
Fluoxetine (Prozac)		
Gabapentin (Neurontin)		
Guanfacine (Tenex/Intuniv)		
Haloperidol (Haldol)		
Hydroxyzine (Vistaril)		
Lamotrigine (Lamictal)		
Lithium		
Lurasidone (Latuda)		
Mirtazapine (Remeron)		
Methylphenidate (Ritalin, Metadate, Concerta, Cotempla, Quillichew, Quillivant, Daytrana, Azstarys, Focalin, Jornay)		
Olanzapine (Zyprexa)		
Paroxetine (Paxil)		
Prazosin		
Propranolol		
Quetiapine (Seroquel)		
Risperidone (Risperdal)		
Sertraline (Zoloft)		
Trazodone		
Venlafaxine (Effexor)		
Vortioxetine (Trintellix)		
Ziprasidone (Geodon)		