

Child/Adolescent Psychiatry Screen (CAPS)

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Child's Name: _____ Date of Birth : _____ Male _____ Female _____

Form Completed By: _____ Relationship to Child: _____

For each item below, check the one category that best describes your child **during the past 6 months**.

None = the child never or very rarely exhibits this behavior. **Mild** = the child exhibits this behavior approximately once per week, and few others notice or complain about this behavior. **Moderate** = the child exhibits this behavior at least three times per week, and others notice or comment on this behavior. **Severe** = the child exhibits this behavior almost daily, and multiple others complain about this behavior. **Past** = the child used to have significant problems with this behavior, **but not during the past 6 months**.

	None	Mild	Moderate	Severe	Past
1. Has difficulty separating from parents* (* = or major caregiver/guardian)					
2. Worries excessively about losing or harm occurring to parents*					
3. Worries about being separated from parent* (getting lost or kidnapped)					
4. Resists going to school or elsewhere because of fears of separation					
5. Resists being alone or without parents*					
6. Has difficulty going to sleep without parent nearby					
7. Physical complaints (headache, stomach ache, nausea) when anticipating separation					
8. Has discrete periods of intense fear that peak within 10 minutes					
9. Has excessive, unreasonable fear of a specific object or situation					
10. Has recurrent thoughts that cause marked distress (e.g., fears germs)					
11. Driven to perform repetitive behaviors (e.g., handwashing, doing things 3 times)					
12. Has recurrent, distressing recollections of past difficult or painful events					
13. Worries excessively about multiple things (e.g., school, family, health, etc.)					
14. Goes to the bathroom at inappropriate times or places					
15. Makes noises, and is often unaware of them					
16. Makes repetitive, sudden, nonrhythmic movements					
17. Fails to pay close attention to details or makes careless mistakes					
18. Has difficulty sustaining attention during play or school activities					
19. Does not seem to listen when spoken to directly					
20. Does not follow through on instructions; fails to finish schoolwork/chores					
21. Has difficulty organizing tasks and activities					
22. Loses things necessary for tasks or activities (toys, pencils, etc.)					
23. Is easily distracted easily by irrelevant stimuli					
24. Is forgetful in daily activities					
25. Is fidgety or squirms in seat					
26. Has difficulty remaining seated					
27. Runs or climbs excessively; is restless					
28. Talks excessively					
29. Blurts out answers before questions have been completed					
30. Has difficulty waiting turn					
31. Interrupts or intrude on others					
32. Episodes of unusually elevated or irritable mood					
33. During this episode, grandiosity or markedly inflated self-esteem (Superhero)					
34. During this episode, is more talkative than usual/seems pressured to keep talking					
35. During this episode, races from thought to thought					
36. During this episode, is very distractible					
37. During this episode, excessively involved in things (too religious, hypersexual)					
38. During this episode, dangerous involvement in pleasurable activity (spending, sex)					
39. Depressed or irritable mood most of the day, most days for at least 1 week					
40. Loss of interest in previously enjoyable activities					
41. Notable change in appetite (not when dieting or trying to gain weight)					
42. Difficulty falling or staying asleep, or sleeping excessively through the day					
43. Others notice child is sluggish or agitated most of the time					

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	None	Mild	Moderate	Severe	Past
44. Loss of energy nearly every day					
45. Feelings of worthlessness or inappropriate guilt nearly every day					
46. Thinks about dying or wouldn't care if died					
47. Smokes cigarettes, drinks alcohol, OR abuses drugs (Circle all that apply)					
48. Has bad things happen when under the influence of substances					
49. Has made unsuccessful efforts to stop using a substance					
50. Is excessively worried about gaining weight, even though underweight					
51. If female, has stopped having menstrual cycles (after regularly having)					
52. Thinks he/she is fat, even though not overweight (pulls skin and claims is fat, etc.)					
53. Engages in bingeing and purging (eats excessively, then vomits or uses laxatives)					
54. Bullies, threatens, or intimidates others					
55. Initiates physical fights					
56. Uses weapons that could harm others					
57. Has been physically cruel to animals					
58. Has shoplifted or stolen items					
59. Has deliberately set fires					
60. Has deliberately destroyed others' property					
61. Lies to obtain goods or to avoid obligations					
62. Stays out at night despite parental prohibitions					
63. Has run away from home overnight on at least two occasions					
64. Is truant from school					
65. Loses temper					
66. Actively defies or refuses to comply with adult rules					
67. Deliberately annoys others					
68. Blames others for his/her mistakes or misbehavior					
69. Easily annoyed by others					
70. Is spiteful or vindictive					
71. Has unusual thoughts that others cannot understand or believe					
72. Hears voices speaking to him/her that others don't hear					
73. Does poorly at sports or games requiring physical coordination skills					
74. Has difficulty at school with: reading, writing, math, spelling (Circle all that apply)					
75. Had delayed speech or has limited language now					
76. Avoids eye contact during conversations					
77. Does not follow when others point to objects					
78. Shows little interest in others; emotionally out of sync with others					
79. Difficulty starting, stopping conversation; continues talking after others lose interest					
80. Uses unusual phrases, possibly over and over (speaks Disney or movie lines)					
81. Does not engage in make-believe play; plays more alone than with others					
82. Unusual preoccupations with objects or unusual routines (lines up 100's of cars, etc.)					
83. Difficulty with transitions; may be inflexible about adhering to routines or rules					
84. Shows unusual physical mannerisms (hand-flapping, shrieks, objects in mouth, etc.)					
85. Unusual preoccupations (schedules, own alphabet, weather reports, etc.)					

Thank you for answering each of these items. Please list any other symptoms that concern you:

Bearden Behavioral Health

CONSENT/REFUSAL FOR MEDICATION(S) – CHILD/ADOLESCENT

CLIENT NAME: _____ DOB: _____

By signing below, I acknowledge that the possible benefits and side effects or risks of taking:

(Brand Name/Generic)

(Brand Name/Generic)

(Brand Name/Generic)

have been explained to me by: _____

These risks include any black box warning or major side effects including:

- Antipsychotic (Elevation of prolactin, EPS, TD, NMS, metabolic and cardiac effects, and suicidal ideations)
- Mood Stabilizers (Stevens-Johnson Syndrome, seizures, adverse effects on liver/blood/kidney/pancreatic function)
- Antidepressants SSRIs & TCAs (suicidal ideations, GI side effects, seizures)
- Sedatives or Benzodiazepines (addiction potential, drowsiness, driving precautions, memory loss)
- Stimulants (cardiac arrhythmias, GI side effects, headaches, seizures, Serotonin Syndrome)
- Risk of Priapism
- Potential for a severe interaction with illegal drug use or alcohol
- I understand the importance of avoiding pregnancy while taking the medication(s) and agree to contact the psychiatrist/nurse practitioner immediately should I become pregnant (applies to female patients only.)

I understand the reason (diagnosis) for my child/ward taking this medication and I understand what may happen if my child/ward does not take this medication. I have discussed possible alternative treatments. I have received educational information about this medication. I understand these explanations and agree to have my child/ward take the medication as directed.

Client or Legal Guardian's Signature:	Relationship to Client:	Date:
Prescriber's Signature and Credentials:		Date:
Telephone Consent/Refusal by: Client or Legal Guardian's name:	Relationship to Client:	Date:

BEARDEN BEHAVIORAL HEALTH
CLIENT ACKNOWLEDGMENT OF PARTICIPATION IN TREATMENT PLAN

(Signature Page)

Client Name: _____ **DOB:** _____

Clinician Name: _____

**I, the undersigned, have participated in planning the treatment for myself/my child
(those children under 16 years of age)**

Electronic copies of this Client Acknowledgment of Participation in Treatment Plan or any amendments hereto shall be binding upon the parties, and electronic reproduction of signatures appearing herein or on any reproduction shall be deemed to be original signatures.

(Client Signature) _____
Date

(Parent/Legal Guardian Signature) _____
Date

Unwilling Unable to participate in planning treatment due to

Date

Participated but unwilling to sign due to _____

Date

Verbal Consent participated by phone, but not physically present to sign.

Print Name of BBH Witness who received the verbal consent

Date

Nurse Practitioner Service Agreement

As a part of your holistic treatment plan, when working with a nurse practitioner, you may engage with 2 types of billable services. The 2 main services that a Nurse Practitioner (NP) can provide and bill for are:

1.) Medication Management

Service Expectations for Medication Management include:

- Medical evaluation
- Medication monitoring routinely and as needed
- Client education pertaining to the medication to support the individual in making an informed decision for its use.
- The service provider must make a good faith attempt to coordinate care with the individual's primary medical provider

2.) Time Based Psychotherapy Services

Service Expectations for Time Based Psychotherapy include:

- Interactive therapy involving any current symptom complaints or psychosocial stressors.
- Examples of time based psychotherapy: patients working collaboratively with their NP to improve organizational skills to cope with ADHD, patients working on sleep hygiene measures to reduce anxiety & improve sleep quality, processing of feelings surrounding a recent or past traumatic experience, working on strategies to ground when stressed or triggered, discussing family dynamics, working on ways to communicate effectively with ones partner, friends, or family, non medicinal strategies for coping with nightmares, mindfulness work, creative imagery or safe place visualization.
- Examples of patients who do not need time based therapy services: patients who are stable, have no active psychiatric complaints, no active stressors, and are just coming in for medication maintenance refills.

When you come to see an NP at BBH you will always be billed for a Medication Management code as that is a crucial part of an NP's clinical training and expertise. Depending on the situation, your NP may or may not bill for a time based psychotherapy service. It depends on what is discussed in the session and for how long. Some NPs have more expertise and continuing education to provide therapy services than others. Those that do, will spend time on this service in most any session unless it is deemed that there is no need for therapy (such as in the example listed above). Other NPs may spend more time doing med management only. It totally depends on their areas of training/specialty.

Please be advised that unless you tell us in advance that you want no therapy from your NP, you may be billed for medication management and psychotherapy if an NP sees both services as medically necessary and they possess the expertise to offer both services to you.

If you ask for no therapy services to be provided, you will need to put this in writing and bring it to your NP for further discussion. All services rendered are ultimately up to the NP, not billing or front scheduling staff so we ask that you reserve these conversations for your scheduled session.

I acknowledge receipt and understanding of all information listed above and consent to receive the above services with my Nurse Practitioner, should they be assessed to be medically beneficial to me during the course of my treatment:

Patient Signature

Date

Witness Signature