CHILD HISTORY FORM

(Full Name) First: _____ Last: _____ Middle: _____

DOB: _____ ☐ Male ☐ Female ☐ Transgender

Person Completing Form: _____ Relationship: _____

Has your child ever received mental health treatment? ☐ YES ☐ NO

If yes, where has your child received treatment before? What dates?

_____

_____

	Mother	Father	Grandmother	Grandfather	Sibling(s)	Aunts/Uncles
Depression	☐	☐	☐	☐	☐	☐
Anxiety	☐	☐	☐	☐	☐	☐
Obsessive Compulsive Disorder	☐	☐	☐	☐	☐	☐
Schizophrenia	☐	☐	☐	☐	☐	☐
Bipolar Disorder	☐	☐	☐	☐	☐	☐
ADHD	☐	☐	☐	☐	☐	☐
Suicide Attempt	☐	☐	☐	☐	☐	☐
Completed Suicide	☐	☐	☐	☐	☐	☐
Substance Use	☐	☐	☐	☐	☐	☐
Other Mental Health Disorder	☐	☐	☐	☐	☐	☐

Physician's Name / Address / Phone: _____

_____

Does your child have any allergies? _____

Is your child currently taking any medications?

Name of Medication	Dosage	Frequency	Reason for Taking	Prescribed by:

For Females - Date of Last Menstrual Period: _____

What medical conditions do you have?

_____

_____

_____

Substance Use History

Do your child have any substance use history? ☐YES ☐NO (if 'YES' complete below)

Is your child currently being prescribed Suboxone? ☐YES ☐NO

Drug Type	Age of first use	Length of use (years)	Date of last use (month/year)	Amount of last usage	Frequency / How much?
Alcohol					
Methamphetamines *					
Amphetamines **					
Barbiturates/Benzodiazepines ***					
Crack/Cocaine					
Marijuana					
PCP ****					
Opiates *****					
Tobacco					
Other					

*Methamphetamines - meth, crank, ice, crystal meth
**Amphetamines (not including cocaine, crack, or methamphetamines) - stimulants, uppers, speed, Ritalin, diet aids, dexedrine, dexamyl, etc.
***Barbiturates (and other depressants, including benzodiazepines) - sedatives, quaaludes, Valium, downers, tranquilizers, elavil, seconal, phenobarbital, etc.
****Opiates - heroin, opium, demerol, pern, codeine, darvon, darvocet, diluadid, OxyContin, and any other opiate except methadone
*****PCP - phencyclidine, angel dust

Family History

Was your child adopted? ☐ YES ☐ NO

Are the child's parents divorced or separated? ☐ YES ☐ NO

Who resides in the home? _____

Developmental History

Was the child full-term? ☐ YES ☐ NO If no, month of gestation when born? _____

Please describe your child's birth. ☐Uneventful ☐ Breech ☐ Cesarean

Did your child reach developmental milestones within expected time range? If not, please explain:

_____

Any alcohol, drugs, or tobacco use during pregnancy? If yes, please list substances used:

_____

Education and Employment

Current school: _____ Grade Level: _____

Grades: ☐ Excellent ☐ Good ☐ Average ☐ Poor

IEP or 504 plan? _____

*** For office use only:**

HT: _____ WT: _____ BP: _____ P: _____

Bearden Behavioral Health

Child/Adolescent Psychiatry Screen (CAPS)

Child's Name: _____ DOB: _____

☐ MALE ☐ FEMALE ☐ TRANSGENDER

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 are 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 eplsode,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	☐	☐	☐	☐	☐

Child/Adolescent Psychiatry Screen (CAPS)

43. Others notice child is sluggish or agitated most of the time	☐	☐	☐	☐	☐
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 binging 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 r	☐	☐	☐	☐	☐
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:

_____

_____

_____