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	☐	☐	☐	☐	☐

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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:

_____

_____

_____

CONSENT/REFUSAL FOR MEDICATION(S)

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)

_____
(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 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

CLIENT ACKNOWLEDGEMENT
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 Acknowledgement 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