



Case #: _____
Client's Name(s): _____

Child Health Form

(**Complete this form for clients 10 years old and under in place of the Individual Assessment Form**)

- Presenting Problem: _____
- Pediatrician & Facility Name: _____ Phone #: _____
 Fax #: _____ Date of last appointment: _____ (Obtain an ROI to speak with pediatrician)
- Significant health history: _____
- School history and results of last report card: _____
- Method of discipline: _____
- Activities/Interests of child: _____
- HIGH RISK FACTORS:** Assess the client on each factor (write n/a or date factor was present).

	Suicidal Ideation/Plan	Domestic Violence Risk	Sexual Abuse Risk	Homicidal Ideation/Plan	Child Abuse Risk	Current Threat of Violence
Current						<input type="checkbox"/> No Obvious Indicators <input type="checkbox"/> Obvious Indicators, Intent Denied <input type="checkbox"/> Obvious Indicators, Intent reported <input type="checkbox"/> Victim
Past						

Describe any high risk factors present (If abuse, indicate when a report was made and the outcome): _____

- Describe drug and/or alcohol issues (For Child and/or Family): _____
- PROBLEM IMPACT:** Check areas of life affected by the assessed problems and describe below:
 Physical Family Parent/Child Social Hobbies Emotional School Spiritual
 Describe: _____

Signature _____ Date _____

*****Cut Here*****

Parent Short Form

Parent Name: _____
Case #: _____

Although we encourage you to meet with each parent individually for a complete assessment (documented on the Individual Assessment Form), we recognize that some parents are not willing to come in without their child for a full assessment. If the parent declines such an appointment, please complete the below in place of the Individual Assessment form on the parent. Remember to obtain a separate Statement of Understanding and Client Data form for each parent & each child.

- Primary Assessed Problem: Parent/Child Family Other: _____*
- Threat of Violence: No Threat Obvious Indicators, Intent Denied* Obv. Ind., Intent Reported* Victim*
 Describe: _____
- Use of Illegal drugs: Yes* No
- Is the parent concerned or has anyone else expressed concern regarding the parent's use of alcohol? Yes* No

Signature _____ Date _____

****If you selected any answer marked with an asterisk (*), you must schedule a time to meet with the parent for a full assessment & complete the Individual Assessment Form & develop a separate case plan.****