

Pradeep Kumar, MD

Child/Adolescent Psychosocial Assessment

Name _____ Date _____

Presenting Problem: _____

Existing Medical condition: _____

Most Recent Physical Examination: _____ PMD/Pediatrician _____

Overall general health of child: Poor Good Excellent

Previous mental health treatment history

Type of treatment received	Symptoms at the time of treatment	Approximate length of stay	Approximate dates of services

Please list all psychiatric medications taken and effectiveness of each:

Name of Current medications: _____

Tobacco, Alcohol and Drug use history

	Amount	Frequency	Date of last use
Tobacco			
Alcohol			
Marihuana			
Cocaine			
Crack			
Amphetamine			
LSD			
PCP			
IV drug use			
Other:			

Allergy to medication:

Social History:

Any Physical, sexual or emotional abuse: _____

Have any family members dealt with any mental illness, substance abuse? If so please list: _____

Has there been an open CPS case in this child's name or sibling's names? If so please list: _____

If child was adopted, please give details of the adoption: _____

Current Living

Situation: _____

Development History

Describe any developmental delays/problems: _____

Did mother have any medical problem during pregnancy?

During pregnancy, did mother? abuse alcohol-
Use drugs-
Smoke cigarettes-

Mother's labor & delivery: Full term- yes/ no.

Child was treated in incubator- yes/no,

Birth weight _____

Development: Within Normal Limits- yes/no

Age **First Word** _____ **Sit** _____ **Walk** _____

Toilet Training _____

Education History

Child is in the _____ grade at _____ school in _____ city.

Is child is in special education classes? _____

Parent's education _____

Legal History

Have client ever been arrested or referred to juvenile court? If so, please explain: _____

Hobby: _____

Child's

Strength: _____

Child's

Weakness: _____