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Child/Adolescent Psychosocial Assessment

Name: _____ **Date:** _____

Present Problems: _____

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 date 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			

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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:

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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 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: _____