Lead4Life

Child and Adolescent PRP Intake Assessment

Client Demographics

Child's Name _____ **DOB** _____ **Date** _____

Medical assistance # _____ **County** _____

Gender ☐ **Male** ☐ **Female** ☐ **Non-binary** ☐ **Transgender** ☐ **Other**

Preferred Pronoun: _____

Race: **Ethnicity:** _____

- ☐ **Alaska Native/American Indian**
- ☐ **Asian**
- ☐ **Black/African American**
- ☐ **Hispanic/Latino**
- ☐ **Multiracial**
- ☐ **Native Hawaiian/Pacific Islander**
- ☐ **White**
- ☐ **Other** _____

Individuals participating in assessment: _____

Parent/Caregiver: _____

Relationship to client _____

Phone# _____ **Email:** _____

Current custody status: ☐ **Parents** ☐ **Sole Parental Custody** ☐ **DJS Custody** ☐ **DSS Custody** ☐
Other: _____

List all persons who may be bringing this child to therapy sessions _____

_____

Current Living Situation

☐ Private Residence
☐ Foster Home
☐ Residential Facility
☐ Inpatient Facility
☐ Homeless Shelter
☐ Group Home

Client's Address: _____

_____

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Please list all members of the household:

Name **Relationship to Client**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Please list any other significant family members who do not live with client:

_____

Educational Information

School Name _____

Grade Level _____ **Academic Performance:** ☐ **Excellent;** ☐ **Good;** ☐ **Fair;** ☐ **Poor;** ☐ **Failing.**

Behavior in school: ☐ **Excellent;** ☐ **Good;** ☐ **Fair;** ☐ **Poor;** ☐ **Failing.**

Does the client have an IEP? ☐ Yes ☐ No

Does the client have a 504 Plan? ☐ Yes ☐ No

Developmental History

Was the child:

☐ **Exposed to medications/drugs/alcohol during pregnancy**

☐ **Difficult or high-risk pregnancy or delivery**

Describe any developmental delays _____

_____

Medical History

Has the child experienced any of the following?

☐ **Childhood trauma (Explain)** _____

☐ **Severe illness, injury, surgery** _____

Lead4Life **Child and Adolescent PRP Intake Assessment**

☐ **Allergies (foods, drugs, substances)** _____

☐ **Chronic medical problems** _____

☐ **Significant family medical history** _____

☐ **Significant family mental health history** _____

☐ **Prior mental health diagnosis** _____

☐ **Prior developmental diagnosis** _____

Primary care physician _____

Current medications **Dosage**

_____

_____

_____

_____

Treatment History

Treatment History

Please list all mental health treatment or hospitalizations:

Facility/Therapist **Purpose** **Current /Past (Date)**

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

Other agency services/relationships in the last six months:

☐ **Child Protective Services** ☐ **DJS/Justice System** ☐

☐ **Other DSS Services** ☐ **Disability/Social Security** ☐ **Other:** _____

☐ **Occupational Therapy** ☐ **Speech therapy** _____

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Child and Adolescent PRP Intake Assessment

Social /Family Information

Religious preference _____

Involved in local church? ☐ **No** ☐ **Yes**

How is the child usually disciplined? _____

Eating or diet concerns: _____

The child's household dynamic is reportedly: (check all that apply)

☐ **Quiet** ☐ **Calm** ☐ **Highly structured** ☐ **Lots of conflict**

☐ **Noisy** ☐ **Active/Busy** ☐ **More relaxed/unstructured** ☐ **Tense**

Youth interests:

☐ **Video games** ☐ **Social media** ☐ **Sports** ☐ **TV/Movies** ☐ **Reading** ☐ **Shopping**

☐ **Internet/computer** ☐ **Art/Crafts** ☐ **Playing outside** ☐ **Being with friends** ☐ **Playing with toys**

☐ **Other** _____

Youth/Family Strengths:

_____

_____

Presenting Behaviors/Concerns

Indicate current concerns with an "X" and history of with H/O:

____ Anxiety ____ Physical aggression ____ Verbal aggression ____Hyperactive

____ Depressed mood ____ Lying ____ Stealing ____ Property destruction ____ Impulsivity

____ Compulsive behaviors ____ Defiance ____ Low self-esteem ____Bullying

____ Suicidal thoughts____ Suicide attempts ____ Angry/resentful ____ Irritability

____ Self-injuring behavior ____ Bizarre behavior (explain below) ____ Sexual acting out behavior

____ Sleep problems ____ Bedwetting ____ Separation anxiety ____Substance use

____ Tantrums ____ Unexplained mood shifts ____ Running away ____ Risk taking behavior

____ Childhood trauma/abuse (Explain below)

Presenting behaviors/concerns (Brief narrative)

_____

_____

_____

_____

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Substance Use History

Reported and/or History of substance use:

Has the youth had a SUD assessment? ____Yes ____No

Alcohol _____

Illegal Drugs _____

Prescription Drugs _____

Other _____

Recommended Services

Recommended/Requested services:

☐ **Individual Therapy** ☐ **Family Therapy** ☐ **PRP**

☐ **Other (explain):** _____

ACE's assessment

ACE's Score: _____

ACE's Summary:

_____

_____

_____

_____

_____ _____

Signature of Staff Completing Assessment **Date**