**Child Screening Form**

*Please complete this brief questionnaire. We use this to get a better idea of your needs and how we can help meet those needs. Many of the questions may not pertain to you, but we appreciate any information that you can offer.*

**Child’s Name: Date of Birth:**

**Primary Care Provider (Doctor)**

1. What would you like help with?
2. Please describe your child’s current symptoms/behaviors.
3. Have there been any recent changes in your child’s life? (Please describe)
4. How long has your child been experiencing these symptoms/behaviors?
5. Please describe your child’s most difficult time of the day.
6. With whom does your child live?
7. Who else is important in their life?
8. Where does your child attend school?
9. What grade are they in?
10. What is their teacher’s name?
11. Do they see the school counselor?
12. Please describe recent academic functioning (grades, friendships, learning difficulties, attendance, behavioral concerns, and disciplinary actions).
13. What does your child do for fun?
14. Are religious/spiritual beliefs and practices important to your family? If so, please describe briefly:
15. Has your child ever worked with a counselor/psychotherapist? If so, who did they work with, for how long, and did you find it beneficial?
16. Does DHHS currently have an open case with your family? YES NO
17. Has your child ever had a mental health crisis? YES NO

If yes, what was the outcome?

1. Have you ever been concerned your child is feeling suicidal? Please describe.
2. Is there a family history of any of the following? Specify Mother/Father/Grandparent (maternal/paternal)

Mental health issues (ADHD, Anxiety, Depression, Bipolar, etc.) YES NO

Substance use issues YES NO

Family Suicide attempts YES NO

1. Has your child ever witnessed of experienced sexual or physical abuse, assault, or a catastrophic event? If so, please describe briefly:
2. What are you worried about most regarding your child?
3. Has anyone in your family had a problem with drugs or alcohol?
4. Anything else we should know about your child in order to better meet his/her needs?

***Thank you!***