



DYOS Counseling, PLLC
Discovering Your Own Strength
Initial Evaluation

Individual Counseling Child/adolescent

Date _____ Who recommended you to us? _____

Name of child/adolescent _____

Address _____

Father's name: _____ phone number: _____

Mother's name : _____ phone number _____

Ethnic group _____ Nationality _____

Who does the child/adolescent live with?

- | | |
|--|--|
| <input type="checkbox"/> Mother and father | <input type="checkbox"/> Some days with mom & some with dad. |
| <input type="checkbox"/> Father only | <input type="checkbox"/> Grandparents |
| <input type="checkbox"/> Mother only | <input type="checkbox"/> Relatives/friends |

PRESENTING ISSUES (In client's own words, state client's reason for seeking treatment/assistance at this time) _____

HISTORY OF PRESENT ISSUES: Chronological narrative describing symptoms, impairment, and other data indicative of maladaptive/compulsive behaviors. Discuss precipitating events, intensity of symptoms and during of symptoms.

PHYSICAL AND MENTAL HEALTH HISTORY

Family history of mental health/substance abuse problems (e.g. phobias, suicide, suicide attempts, psychiatric hospitalizations, manic depressive illness, schizophrenia, violence, etc. Emphasize generational patterns? Relevant history

- Yes No Unknown

Has your child/adolescent been hospitalized for any medical or mental illness?

- Si No

If the answer is yes, please list all the medications that were prescribed from hospitalization and describe the event.

MEDICAL HISTORY

Currently under care of physician?

- Yes No Date of last physical exam _____

Current medical problems? If answer is yes, is your child under medical treatment?

Medical problems in the past?: what type?

Disabilities?(nature of disability, if applicable, and identification of related needs and special recommendations)

PSYCHOSOCIAL INFORMATION

list the names of all siblings stating with the oldest one ad ending with the youngest.

Family relationships.-Describe childhood, home environment and family dynamics, including relationships with parents and how parents related to each other, violence in family, in any.

Describe social/leisure time and stress management activities; how does family spend time together; favorite family activities.

Resources (note family and social network as resources to client/family)

Education (address status as well as success or failure)

Cultural (address any special treatment/considerations related to cultural/racial background)

Spiritual religious assessment (describe client's current attendance, religious affiliation, and response to above, indicate client's satisfaction level with their spiritual involvement)

Does your child/adolescent have any non-substance related addictive or compulsive behavior? (Identify gambling, eating, sex, cleaning, shopping, internet, videogames, etc.)

SUICIDE/HOMICIDE ASSESSMENT

Client has):

	PAST		PRESENT	
<input type="checkbox"/> Suicidal/homicidal thoughts	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Suicidal/homicidal urges	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Suicidal/homicidal plans	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Prior suicide attempts	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Comments:

PHYSICAL/SEXUAL ABUSE ASSESSMENT

	PAST		PRESENT	
Physical/sexual abuse?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Physically/sexually abusive	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If your answer was yes, please describe the situation

IT IS IMPORTANT FOR YOU TO KNOW THAT YOUR COUNSELOR WILL DISCUSS THIS INFORMATION WITH YOU . YOU CAN ALSO DISCUSS OR CLARIFY THE INFORMATION YOU FEEL NEEDS A DEEPER DIALOGUE.

THANK YOU