

## Physician's Referral Form - OTN

Patient's Name: \_\_\_\_\_ ☐ M ☐ F Age: \_\_\_\_\_ DOB: DD/MM/YYYY \_\_\_\_\_ Health Card #: \_\_\_\_\_ VC

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Billing #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Date of last Physical Exam: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ HR \_\_\_\_\_

Current Medical Problems: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

### Reason for Referral - What's Your Question?

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How long have you known this child? <1 yr. \_\_\_\_\_ 1-3 yrs. \_\_\_\_\_ 3-5 yrs. \_\_\_\_\_ 5-10 yrs. \_\_\_\_\_ >10 yrs. \_\_\_\_\_

Your impression of the severity of the child's symptoms **at the time of this referral:**

1	Minimal / Probably normal	3	Mild	5	Severe
2	Occasional / Episodic	4	Moderate	6	Disabling

**Is the Parent's +/- Patient's Questionnaire completed and  
accompanying this referral?**

YES \_\_\_\_\_

OTN site co-ordinator contact info: \_\_\_\_\_

OTN site you will be using \_\_\_\_\_ Dial-in number: \_\_\_\_\_

**It is the responsibility of YOUR OTN co-ordinator to enter the event into N-Compass.  
Please do NOT set the event to auto-start.**

**Dr. David Templeman B.Sc. MD FRCPC DCAP**

*Child and Adolescent Psychiatry*

www.doctortempleman.com

Dear parents/caregivers:

Your child has been referred to me by your GP/Paediatrician for an assessment of their emotional and/or behavioural problems. **I will be seeing your child for a ONE-TIME consultation only via videoconference.** After I see them, I will send a written report to the referring doctor (it takes about 3 weeks to get there) with my opinion on what's going on and my recommendations on what to do to help. **Follow-up will be with the referring doctor.** I do not see patients for regular follow-up. When you come to the appointment, it is best if both parents come. **I only see teenagers if THEY want to see me.** If they do not want to come see me, please let the referring doctor or my office know so that we can cancel the referral. If they refuse to come to the appointment or refuse to participate, the parents will be billed for my time.

Both the Parent questionnaire AND the Teenager's questionnaire **MUST BE COMPLETED AND RETURNED TO THE REFERRING PHYSICIAN'S OFFICE (UNLESS OTHERWISE SPECIFIED) IN ORDER TO HAVE AN APPOINTMENT SCHEDULED.** Please give the Teacher Questionnaire (optional) to the teacher who knows your child best (if you can) and have them return the completed form to you, so that you can return all of the forms together. They can also visit my website (www.doctortempleman.com), and complete it online. Whenever possible, the Parent Questionnaire should be filled out by **both parents together**. Please make note of any disagreements in ratings beside the item in question. If the parents live in separate homes, then each parent should complete their own questionnaire (please make a note as to how often they stay with you).

**The Teenager's Addendum needs to be completed by them!** Please give them an envelope that they can put their completed questionnaire in and then seal it themselves. Please tell them that you will not be seeing what they wrote. It is very important for them to be able to be completely honest with their answers.

**IF** your teenager is currently taking **medication** for psychiatric or behavioural issues, please go to your pharmacy and get a "Medication History" printed out to send to me along with the questionnaires.

**The following additional/optional information is helpful:**

- Their June report card for the last 5 years (if applicable) and their **most recent** IEP (if applicable).
- Reports from any educational testing that was done (if applicable/available).
- Reports from any previous psychiatrists or therapists who saw them (if applicable).

On my website (www.doctortempleman.com), under the Resources link, there are some handouts that will be helpful for **you** (especially if you are struggling with managing their anxiety or behaviour). In them, I outline some strategies that you can put in place right away which will help in the interim until we meet. I **strongly recommend** that you go and download the relevant ones and read through them **before** meeting with me so that if there is anything in the handouts that is unclear or confusing, we can go over it when we meet.

If you are unable to keep your appointment, **48 HOURS (2 WORKING DAYS EXCLUDING WEEKENDS)** notice of cancellation is required. Most assessments are 1½ - 2 hours in length. Missed appointments are not paid for by OHIP and will be billed directly to you (\$200.00). If an assessment is missed, I will not reschedule it until the fee is paid in full.

Sincerely,



Dr. David Templeman B.Sc. MD FRCPC DCAP  
Child and Adolescent Psychiatry

# PARENT/CAREGIVER QUESTIONNAIRE

This form was completed by: \_\_\_\_\_ on \_\_\_\_\_  
(your name) (date)

Relationship to the child:

☐ Biological Parent

☐ Other: \_\_\_\_\_ ➔ how long have you known this child? \_\_\_\_\_  
(please describe)

In your own words, please describe the main reason for this assessment (i.e. what are your concerns?)

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# Social History

Child's Name: \_\_\_\_\_ ☐ M ☐ F Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day mo. yr.

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Who lives in the home?

☐ MOM ☐ DAD ☐ Step-Parent: \_\_\_\_\_

Siblings: \_\_\_\_\_  
Name Age Name Age Name Age

\_\_\_\_\_ Name Age Name Age Name Age

Others: \_\_\_\_\_

**School:** Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Are they working at grade level? ☐ YES ☐ NO → How far behind are they? \_\_\_\_\_

How many different schools have they gone to so far? \_\_\_\_\_

Is religion an important part of your family's values? ☐ NO ☐ YES → Religious Denomination: \_\_\_\_\_

## Family History of Mental Health Problems

	Drug / Alcohol Addictions	Learning problems	Anxiety / OCD / PTSD Worrier / Panic Attacks	Violent/aggressive/ Criminal behaviour	Depression Bipolar	Autism or Asperger's	Other (i.e. Schizophrenia)
<b>Mother</b>							
her Parents							
her Siblings							
<b>Father</b>							
His Parents							
His Siblings							
<b>Child's Sibling 1</b>							
<b>Child's Sibling 2</b>							
<b>Child's Sibling 3</b>							

## Medical problems: [physical health problems or surgeries]

\_\_\_\_\_ ☐ PAST ☐ CURRENT \_\_\_\_\_ ☐ PAST ☐ CURRENT  
\_\_\_\_\_ ☐ PAST ☐ CURRENT \_\_\_\_\_ ☐ PAST ☐ CURRENT

Has the child ever had: Seizures ☐ YES ☐ NO Heart Problems ☐ YES ☐ NO Concussions ☐ YES ☐ NO

## What medication(s) are they currently taking – name and dose - (including Vitamins and Herbal Supplements)?

1) \_\_\_\_\_ What's it for? \_\_\_\_\_ When was it started? \_\_\_\_\_  
2) \_\_\_\_\_ What's it for? \_\_\_\_\_ When was it started? \_\_\_\_\_  
3) \_\_\_\_\_ What's it for? \_\_\_\_\_ When was it started? \_\_\_\_\_

## What meds were tried on in the past?

## What did it help with?

## Why was it stopped?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What medication(s) are they allergic to?** \_\_\_\_\_

# Developmental History

(Put a '?' in the box if you think so, but are not sure. Put a 'U / K' across the two boxes if it's completely unknown)

Pregnancy				
Was the pregnancy intentional?	YES	NO	Was the mother trying to get pregnant?	
Did the mother take any drugs or substances during the pregnancy? (Put a ? in the box if you are not sure)	YES	NO	Smoked <b>cigarettes</b>	
	YES	NO	Smoked <b>marijuana (Pot)</b>	
	YES	NO	Drank <b>alcohol</b>	
	YES	NO	Used street drugs like speed, E, cocaine, Heroin, Percs, etc.	
	YES	NO	Prescription Medications	
Delivery				
Was the child born premature (<36 weeks)	YES	NO	If YES, how early? _____	
Did anything go wrong <i>after</i> they were born?	YES	NO	Did they need to stay in the hospital for more than 1-2 days?	
	YES	NO	Did the mother have Post-Partum depression?	
Early Childhood & Development				
Did the child have problems with their moods, compared to other children of the same age?	YES	NO	Colicky for an extended period of time (>4 weeks) (loud crying, refused to eat, trouble sleeping, unhappy)	
	YES	NO	Non-responsive, or hard to bond with	
	YES	NO	Really bad temper tantrums	
Did they seem to grow up slowly, compared to other children of the same age?	YES	NO	Slow to learn how to talk/pronounce words properly	
	YES	NO	Slow to learn how to walk/run	
	YES	NO	Slow to learn how to button their shirt or tie their shoelaces	
	YES	NO	Slow to learn how to use the toilet (day or night)	
Schooling History				
Has the school done any IQ or Learning Disabilities testing on the child?	YES	NO	If <b>YES</b> , please bring a copy of the testing to the assessment (you can talk to the school and ask them to give you a copy).	
Have they ever failed a grade?	YES	NO	If <b>YES</b> , Which grade? → _____	
Does this child have an IEP (Individual Education Plan) to help them in class?	YES	NO	If YES, please bring a copy to the assessment (you can talk to the school and ask them to give you a copy).	
Social History				
Are the child's parents still together?	YES	NO	If 'NO', how old were they (the child) when the parents separated?	
Have they (the child) been physically abused?	YES	NO	If 'YES', how old were they when it happened?	
Have they (the child) been sexually abused?	YES	NO	If 'YES', how old were they when it happened?	
Is CAS involved with the <b>family</b> right now?	YES	NO	If <b>YES</b> , why?	
Has CAS <b>ever</b> been involved with the <b>family</b> ?	YES	NO	If <b>YES</b> , why?	
Has the <b>child</b> ever been in foster care?	YES	NO	If 'YES', how many different homes were they in?	
Have they (the child) ever been arrested, charged or involved with the police (i.e. Diversion)?	YES	NO	If <b>YES</b> , why?	

# Functional History

Check the column that best describes how your child's emotional or behavioural problems have affected each item in the last month ONLY

IN THE LAST MONTH <u>ONLY</u>	Never or Not at All	Sometimes or Somewhat	Often or Much	Very Often or Very Much	Not Applicable or don't know
<b>FAMILY</b>					
fighting with brothers & sisters					
causing problems between parents					
takes time away from family members' work or activities					
causing fighting in the family					
isolating the family from friends and social activities					
makes it hard for the family to have fun together					
makes parenting difficult					
makes it hard to give fair attention to all family members					
provokes others to hit or scream at him/her					
costs the family more money					
<b>LEARNING &amp; SCHOOL</b>					
has a hard time keeping up with homework					
needs extra help at school.					
needs tutoring					
causes problems for the teacher in the classroom					
receives "time-out" or removal from the classroom					
has problems on the playground with other kids					
suspended from school					
misses classes or is late for school					

<b>LIFE SKILLS</b>	<b>Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Very Often</b>	<b>Not Applicable</b>
excessive use of TV, computer, or video games					
keeping clean, brushing teeth, brushing hair, bathing, etc.					
problems getting ready for school					
problems getting ready for bed					
problems with eating (picky eater, refuses to eat, overeats)					
problems with sleeping					
gets hurt or injured easily/frequently					
has trouble taking medication, getting needles or visiting the doctor/dentist					
<b>CHILD'S SELF-CONCEPT</b>					
my child feels bad about himself/herself					
my child does not have enough fun					
my child is not happy with his/her life					
<b>SOCIAL ACTIVITIES</b>					
being teased or bullied by other children					
teases or bullies other children					
problems getting along with other children					
participating in after-school activities (sports, music, clubs)					
problems making new friends					
problems keeping friends					
difficulty with parties (not invited, avoids them, misbehaves)					
<b>RISKY ACTIVITIES</b>					
easily led by other children (peer pressure)					
breaking or damaging things					
doing things that are illegal					
being involved with the police					
smoking cigarettes					
taking illegal drugs					
doing dangerous things					
causes injury to others					
says mean or inappropriate things					
sexually inappropriate behaviour					

For each item, check the column which best describes this child	Not At All	Just A Little	Quite A Bit	Very Much
1. Often fails to give close attention to details or makes careless mistakes in schoolwork or tasks				
2a. Often has difficulty sustaining attention when doing school work or chores				
2b. Often has difficulty sustaining attention when doing what they want to do (crafts, projects, games)				
3. Often does not seem to listen when spoken to directly				
4. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties				
5. Often has difficulty organizing tasks and activities				
6. Often avoids, dislikes, or reluctantly engages in tasks requiring sustained mental effort				
7. Loses or can't find things necessary for school work or chores (instructions, calculator, books)				
8. Loses or can't find things necessary for their favourite activities (i.e. games, controllers, iPod)				
9. Often is distracted by things happening around them				
10. Often is forgetful in daily activities or following daily routines				
11. Often fidgets with hands or feet or squirms in seat				
12. Often leaves seat in classroom or in other situations in which remaining seated is expected				
13. Often runs about or climbs excessively in situations in which it is inappropriate				
14. Often has difficulty playing or engaging in leisure activities quietly				
15. Often is "on the go" or often acts as if "driven by a motor"				
16. Often talks excessively				
17. Often blurts out answers before questions have been completed				
18. Often has difficulty awaiting turn				
19. Often interrupts or intrudes on others (e.g., butts into conversations/games)				
20. Often has difficulty sitting still, being quiet, or inhibiting impulses in the classroom or at home				
21. Often loses temper				
22. Often argues with adults				
23. Often actively defies or refuses adult requests or rules				
24. Often deliberately does things that annoy other people				
25. Often blames others for his or her mistakes or misbehavior				
26. Often touchy or easily annoyed by others				
27. Often is angry and resentful				
28. Often is spiteful or vindictive. Hold grudges and try to get revenge				
29. Often try to pick fights with others				
30. Often is negative, defiant, disobedient, or hostile toward authority figures				



For each item, check the column which best describes this child	Not At All	Just A Little	Quite A Bit	Very Much
31. Often makes noises (e.g., humming or odd sounds)				
32. Very bossy with other children or even adults				
33. Often cries easily or has their feelings easily hurt				
34. Have a hard time handling unexpected changes				
35. Avoid trying new things				
36. Avoid talking to people they don't know				
37. Often disturbs other children				
38. Often changes mood quickly and drastically				
39. Often easily frustrated if demand are not met immediately				
40. Often teases other children and interferes with their activities				
41. Often is aggressive to other children (e.g., picks fights or bullies)				
42. Often is destructive with property of others (e.g., vandalism)				
43. Often is deceitful (e.g., steals, lies, forges, copies the work of others, or "cons" others)				
44. Has motor or verbal tics (sudden, rapid, recurrent, non-rhythmic motor or verbal activity)				
45. Has repetitive motor behavior (e.g., hand waving, body rocking, or picking at skin)				
46. Often is restless or seems keyed up or on edge				
47. Often is irritable				
48. Often has muscle tension				
49. Often has excessive anxiety and worry (e.g., apprehensive expectation)				
50. Chronic low self-esteem most of the time for at least a year				
51. Chronic poor concentration or difficulty making decisions most of the time for at least a year				
52. Purposely hurts themselves physically (cutting, burning, overdosing)				
53. Currently is hyper-vigilant (overly watchful or alert) or has exaggerated startle response				
54. Currently is irritable, has anger outbursts, or has difficulty concentrating				
55. Currently has an emotional (e.g., nervous, worried, hopeless, tearful) response to stress				
56. Currently has a behavioral (e.g., fighting, vandalism, truancy) response to stress				

# Pragmatics Profile (PP)

Read each item and circle the number (word) that best describes how often the child demonstrates the skill (1 = never, 2 =sometimes, 3 =often, 4 =always). If you have never observed the skill, circle NO for *not observed*. If the skill is not appropriate for that child, either culturally or for any other reason, circle NA for *not appropriate*. Rate items if you remember occasions when the child demonstrated the targeted behavior, though you have not necessarily observed the behavior the day you complete the form.

If you are rating a two-part skill (e.g., Item 11, *asks for/responds to*) and think the child's behavior is inconsistent across both parts, circle the skill you are rating (e.g., *asks for*).

## Rituals and Conversational Skills

The child

	Never	Sometimes	Often	Always	Not Observed	Not Appropriate
1. makes/responds to greetings to/from others	1	2	3	4	NO	NA
2. makes/responds to farewells to/from others	1	2	3	4	NO	NA
3. begins/ends conversations (face-to-face, phone, etc.) appropriately	1	2	3	4	NO	NA
4. observes turn-taking rules in the classroom or in social interactions	1	2	3	4	NO	NA
5. maintains eye contact, appropriate body position during conversations	1	2	3	4	NO	NA
6. introduces appropriate topics of conversation	1	2	3	4	NO	NA
7. maintains topics using appropriate strategies (e.g., nods, responds with "hmmm...")	1	2	3	4	NO	NA
8. makes relevant contributions to a topic during conversation/discussion	1	2	3	4	NO	NA
9. asks appropriate questions during conversations and discussions	1	2	3	4	NO	NA
10. avoids use of repetitive/redundant information	1	2	3	4	NO	NA
11. asks for/responds to requests for clarification during conversations	1	2	3	4	NO	NA
12. adjusts/modifies language based on the communication situation (communication partner[s], topic, place)	1	2	3	4	NO	NA
13. uses the language (jargon/lingo) of his/her peer group appropriately	1	2	3	4	NO	NA
14. tells/understands jokes/stories that are appropriate to the situation	1	2	3	4	NO	NA
15. shows appropriate sense of humor during communication situations	1	2	3	4	NO	NA
16. joins or leaves an ongoing communicative interaction appropriately	1	2	3	4	NO	NA
17. participates/interacts appropriately in structured group activities	1	2	3	4	NO	NA
18. participates/interacts appropriately in unstructured group activities	1	2	3	4	NO	NA
19. uses other media (email, phone, answering machine) appropriately	1	2	3	4	NO	NA
20. responds to introductions and introduces others	1	2	3	4	NO	NA
21. uses appropriate strategies for getting attention	1	2	3	4	NO	NA
22. uses appropriate strategies for responding to interruptions and interrupting others	1	2	3	4	NO	NA

Continued on next page.

## Asking For, Giving, and Responding to Information

The child

	Never	Sometimes	Often	Always	Not Observed	Not Appropriate
23. gives/asks for directions using appropriate language	1	2	3	4	NO	NA
24. gives/asks for the time of events	1	2	3	4	NO	NA
25. gives/asks for reasons and causes for actions/conditions/choices	1	2	3	4	NO	NA
26. asks for help from others appropriately	1	2	3	4	NO	NA
27. offers to help others appropriately	1	2	3	4	NO	NA
28. gives/responds to advice or suggestions appropriately	1	2	3	4	NO	NA
29. asks others for permission when required	1	2	3	4	NO	NA
30. agrees and disagrees using appropriate language	1	2	3	4	NO	NA
31. asks for clarification if he/she is confused or if the situation is unclear	1	2	3	4	NO	NA
32. accepts/rejects invitations appropriately, using appropriate language	1	2	3	4	NO	NA
33. starts/responds to verbal and nonverbal negotiations appropriately	1	2	3	4	NO	NA
34. reminds others/responds to reminders appropriately	1	2	3	4	NO	NA
35. asks others to change their actions/states appropriately (please move, stop tapping)	1	2	3	4	NO	NA
36. apologizes/accepts apologies appropriately	1	2	3	4	NO	NA
37. responds appropriately when asked to change his/her actions (by accepting/rejecting)	1	2	3	4	NO	NA
38. responds to teasing, anger, failure, disappointment appropriately	1	2	3	4	NO	NA
39. offers/responds to expressions of affection, appreciation appropriately	1	2	3	4	NO	NA

## Nonverbal Communication Skills

*Note:* Examples of nonverbal skills might include waving to greet someone, gesturing to give someone a reminder, or nodding to show one's agreement.

The child reads and interprets the following nonverbal messages accurately

	Never	Sometimes	Often	Always	Not Observed	Not Appropriate
40. facial cues	1	2	3	4	NO	NA
41. body language	1	2	3	4	NO	NA
42. tone of voice	1	2	3	4	NO	NA

The child demonstrates appropriate use of the following nonverbal support

43. facial cues	1	2	3	4	NO	NA
44. body language	1	2	3	4	NO	NA
45. voice intonation	1	2	3	4	NO	NA
46. appropriately expresses messages nonverbally	1	2	3	4	NO	NA
47. uses nonverbal cues appropriate to the situation	1	2	3	4	NO	NA
48. adjusts body distance (sit/stand) appropriate to the situation	1	2	3	4	NO	NA
49. presents matching nonverbal and verbal messages	1	2	3	4	NO	NA
50. knows how someone is feeling based on nonverbal cues	1	2	3	4	NO	NA
51. reads the social situation (script) correctly and behaves/responds appropriately	1	2	3	4	NO	NA
52. understands posted and implied group/school rules	1	2	3	4	NO	NA

## Teacher Questionnaire

## The SWAN Rating Scale

Assessment # \_\_\_\_\_

Name: \_\_\_\_\_ ☐M ☐F Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Class size: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Children differ in their abilities to focus attention, control activity, and inhibit impulses. For each item listed below, how does this child compare to other children of the same age?

If this is the **initial rating**, please select the best rating **BASED ON YOUR OBSERVATIONS OVER THE PAST MONTH.**

If this is a **subsequent rating**, please select the best rating **BASED ON YOUR OBSERVATIONS OVER THE PAST WEEK.**

**Compared to other children,** how does this child do the following:

[illegible]



# Questionnaire

Date completed: \_\_\_\_\_

Your Name: \_\_\_\_\_ ☐ M ☐ F Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day mo. yr.

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Your Phone #: \_\_\_\_\_

## Who else lives with you?

☐ MOM ☐ DAD ☐ Step-Parent: \_\_\_\_\_ ☐ Others: \_\_\_\_\_

☐ Siblings: \_\_\_\_\_  
Name Age Name Age Name Age

**School:** Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ ☐ Academic ☐ Applied ☐ Locally Developed

Do you have all your credits so far? ☐ YES ☐ NO → How far behind are you? \_\_\_\_\_

Have you ever been suspended from school? ☐ NO ☐ YES → How many times? \_\_\_\_\_ Why: \_\_\_\_\_

Is religion an important part of your family's values? ☐ NO ☐ YES → Religious Denomination: \_\_\_\_\_

## Family History of Mental Health Problems

	Drug / Alcohol Addictions	Learning problems	Anxiety / OCD / PTSD Worrier / Panic Attacks	Anger / Violence Criminal behaviour	Depression Bipolar	Autism or Asperger's	Other (i.e. Schizophrenia)
<b>Mom</b>							
her Parents							
her Siblings							
<b>Dad</b>							
His Parents							
His Siblings							
<b>Sibling 1</b>							
<b>Sibling 2</b>							
<b>Sibling 3</b>							

## Medical problems: [physical health problems or surgeries]

\_\_\_\_\_ ☐ PAST ☐ CURRENT \_\_\_\_\_ ☐ PAST ☐ CURRENT  
\_\_\_\_\_ ☐ PAST ☐ CURRENT \_\_\_\_\_ ☐ PAST ☐ CURRENT

Have you ever had: Seizures ☐ YES ☐ NO Heart Problems ☐ YES ☐ NO Concussions ☐ YES ☐ NO

## What medication(s) are you currently taking – name and dose - (including Vitamins and Herbal Supplements)?:

1) \_\_\_\_\_ What's it for? \_\_\_\_\_ When was it started? \_\_\_\_\_  
2) \_\_\_\_\_ What's it for? \_\_\_\_\_ When was it started? \_\_\_\_\_  
3) \_\_\_\_\_ What's it for? \_\_\_\_\_ When was it started? \_\_\_\_\_

## What meds were tried in the past?

## What did it help with?

## Why was it stopped?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What medication(s) are you allergic to? \_\_\_\_\_

## Social History

Are your parents still together?	YES	NO	If 'NO', how old were you when they split?	
Have you ever been physically abused?	YES	NO	If 'YES', how old were you when it happened?	
Have you ever been sexually abused?	YES	NO	If 'YES', how old were you when it happened?	
Is CAS involved with your <b>family</b> right now?	YES	NO	If <b>YES</b> , why?	
Has CAS <u>ever</u> been involved with your <b>family</b> ?	YES	NO	If <b>YES</b> , why?	
Have you ever been in foster care?	YES	NO	If 'YES', how many different homes were you in?	
Have you ever been arrested, charged or involved with the police (i.e. Diversion)?	YES	NO	If <b>YES</b> , why?	

## Recreational Drug Use

Do you smoke <b>cigarettes</b>	YES	NO	How much/often _____ per _____(day/week)
Do you use <b>marijuana</b>	YES	NO	How much/often? _____g per _____(day/week)
Do you drink <b>alcohol</b>	YES	NO	How many drinks to get you drunk? _____
Have you done harder drugs like speed, E, coke, LSD, Percs, Oxys, etc.	YES	NO	Which ones and how much/often?
Are you trying to stop using any of the above?	YES	NO	

## Romantic Relationships

Are you interested in the <input type="checkbox"/> same gender <input type="checkbox"/> opposite gender <input type="checkbox"/> both genders			
Are you sexually active (have you had sex with someone)?	YES	NO	If YES, how many different partners have you had? _____
Have you ever had a sexually transmitted disease?	YES	NO	If <b>YES</b> , Which one(s)? _____

Please print

# YOUTH SELF-REPORT FOR AGES 14-18

YOUR FULL NAME	First	Middle	Last	<b>PARENTS' USUAL TYPE OF WORK, even if not working now.</b> (Please be specific — for example, auto mechanic, high school teacher, homemaker, laborer, lathe operator, shoe salesman, army sergeant.)  FATHER'S TYPE OF WORK _____  MOTHER'S TYPE OF WORK _____
YOUR GENDER  <input type="checkbox"/> Boy <input type="checkbox"/> Girl	YOUR AGE	YOUR ETHNIC GROUP OR RACE		
TODAY'S DATE Mo. ____ Day ____ Year ____		YOUR BIRTHDATE Mo. ____ Day ____ Year ____		Please fill out this form to reflect your views, even if other people might not agree. Feel free to print additional comments beside each item and in the spaces provided on pages 2 and 4. <b>Be sure to answer all items.</b>
GRADE IN SCHOOL _____  NOT ATTENDING SCHOOL <input type="checkbox"/>		IF YOU ARE WORKING, PLEASE STATE YOUR TYPE OF WORK: _____ _____		

**I. Please list the sports you most like to take part in.** For example: swimming, baseball, skating, skate boarding, bike riding, fishing, etc.

- None ☐
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Compared to others of your age, about how much time do you spend in each?

Less Than Average	Average	More Than Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others your age, how well do you do each one?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. Please list your favorite hobbies, activities, and games, other than sports.**

For example: cards, books, piano, crafts, cars, computers, etc. (Do not include listening to radio or TV.)

- None ☐
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Compared to others of your age, about how much time do you spend in each?

Less Than Average	Average	More Than Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to others of your age, how well do you do each one?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**III. Please list any organizations, clubs, teams, or groups you belong to.**

None ☐

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Compared to others of your age, how active are you in each?

Less Active	Average	More Active
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IV. Please list any jobs or chores you have.**

For example: paper route, babysitting, making bed, working in store, etc. (Include **both** paid and unpaid jobs and chores.)

None ☐

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Compared to others of your age, how well do you carry them out?

Below Average	Average	Above Average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Be sure you answered all items.**



**Please print. Be sure to answer all items.**

**V. 1. About how many close friends do you have? (Do *not* include brothers & sisters)**

☐ None      ☐ 1      ☐ 2 or 3      ☐ 4 or more

**2. About how many times a week do you do things with your friends outside of regular school hours?  
(Do *not* include brothers & sisters)**

☐ Less than 1      ☐ 1 or 2      ☐ 3 or more

**VI. Compared to others of your age, how well do you:**

	Worse	Average	Better	
a. Get along with your brothers & sisters?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> I have no brothers or sisters
b. Get along with other kids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Behave with your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Do things by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**VII.1. Performance in academic subjects.**      ☐ I do not attend school because \_\_\_\_\_

	<b><i>Check a box for each subject that you take</i></b>	Failing	Below Average	Average	Above Average
Other academic subjects—for ex- ample: computer courses, foreign language, busi- ness. Do <b><i>not</i></b> in- clude gym, shop, driver's ed., or other nonacademic subjects.	a. Reading, English, or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. History or Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Arithmetic or Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you have any illness, disability, or handicap?**      ☐ No      ☐ Yes—please describe:

**Please describe any concerns or problems you have about school:**

**Please describe any other concerns you have:**

**Please describe the best things about yourself:**

Please print. Be sure to answer all items.

Below is a list of items that describe kids. For each item that describes you **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of you. Circle the **1** if the item is **somewhat or sometimes true** of you. If the item is **not true** of you, circle the **0**.

0 = Not True			1 = Somewhat or Sometimes True			2 = Very True or Often True		
0	1	2	1. I act too young for my age	0	1	2	33. I feel that no one loves me	
0	1	2	2. I drink alcohol without my parents' approval (describe): _____	0	1	2	34. I feel that others are out to get me	
0	1	2	3. I argue a lot	0	1	2	35. I feel worthless or inferior	
0	1	2	4. I fail to finish things I start	0	1	2	36. I accidentally get hurt a lot	
0	1	2	5. There is very little that I enjoy	0	1	2	37. I get in many fights	
0	1	2	6. I like animals	0	1	2	38. I get teased a lot	
0	1	2	7. I brag	0	1	2	39. I hang around with kids who get in trouble	
0	1	2	8. I have trouble concentrating or paying attention	0	1	2	40. I hear sounds or voices that other people think aren't there (describe): _____	
0	1	2	9. I can't get my mind off certain thoughts; (describe): _____	0	1	2	41. I act without stopping to think	
0	1	2	10. I have trouble sitting still	0	1	2	42. I would rather be alone than with others	
0	1	2	11. I'm too dependent on adults	0	1	2	43. I lie or cheat	
0	1	2	12. I feel lonely	0	1	2	44. I bite my fingernails	
0	1	2	13. I feel confused or in a fog	0	1	2	45. I am nervous or tense	
0	1	2	14. I cry a lot	0	1	2	46. Parts of my body twitch or make nervous movements (describe): _____	
0	1	2	15. I am pretty honest	0	1	2	47. I have nightmares	
0	1	2	16. I am mean to others	0	1	2	48. I am not liked by other kids	
0	1	2	17. I daydream a lot	0	1	2	49. I can do certain things better than most kids	
0	1	2	18. I deliberately try to hurt or kill myself	0	1	2	50. I am too fearful or anxious	
0	1	2	19. I try to get a lot of attention	0	1	2	51. I feel dizzy or lightheaded	
0	1	2	20. I destroy my own things	0	1	2	52. I feel too guilty	
0	1	2	21. I destroy things belonging to others	0	1	2	53. I eat too much	
0	1	2	22. I disobey my parents	0	1	2	54. I feel overtired without good reason	
0	1	2	23. I disobey at school	0	1	2	55. I am overweight	
0	1	2	24. I don't eat as well as I should	0	1	2	56. Physical problems <b>without known medical cause:</b> _____	
0	1	2	25. I don't get along with other kids	0	1	2	a. Aches or pains ( <b>not</b> stomach or headaches)	
0	1	2	26. I don't feel guilty after doing something I shouldn't	0	1	2	b. Headaches	
0	1	2	27. I am jealous of others	0	1	2	c. Nausea, feel sick	
0	1	2	28. I break rules at home, school, or elsewhere	0	1	2	d. Problems with eyes ( <b>not</b> if corrected by glasses) (describe): _____	
0	1	2	29. I am afraid of certain animals, situations, or places, other than school (describe): _____	0	1	2	e. Rashes or other skin problems	
0	1	2	30. I am afraid of going to school	0	1	2	f. Stomachaches	
0	1	2	31. I am afraid I might think or do something bad	0	1	2	g. Vomiting, throwing up	
0	1	2	32. I feel that I have to be perfect	0	1	2	h. Other (describe): _____	

**Please print. Be sure to answer all items.**

0 = Not True			1 = Somewhat or Sometimes True			2 = Very True or Often True		
0	1	2	57. I physically attack people	0	1	2	84. I do things other people think are strange (describe): _____	
0	1	2	58. I pick my skin or other parts of my body (describe): _____	0	1	2	85. I have thoughts that other people would think are strange (describe): _____	
0	1	2	59. I can be pretty friendly	0	1	2	86. I am stubborn	
0	1	2	60. I like to try new things	0	1	2	87. My moods or feelings change suddenly	
0	1	2	61. My school work is poor	0	1	2	88. I enjoy being with people	
0	1	2	62. I am poorly coordinated or clumsy	0	1	2	89. I am suspicious	
0	1	2	63. I would rather be with older kids than kids my own age	0	1	2	90. I swear or use dirty language	
0	1	2	64. I would rather be with younger kids than kids my own age	0	1	2	91. I think about killing myself	
0	1	2	65. I refuse to talk	0	1	2	92. I like to make others laugh	
0	1	2	66. I repeat certain acts over and over (describe): _____	0	1	2	93. I talk too much	
0	1	2	67. I run away from home	0	1	2	94. I tease others a lot	
0	1	2	68. I scream a lot	0	1	2	95. I have a hot temper	
0	1	2	69. I am secretive or keep things to myself	0	1	2	96. I think about sex too much	
0	1	2	70. I see things that other people think aren't there (describe): _____	0	1	2	97. I threaten to hurt people	
0	1	2	71. I am self-conscious or easily embarrassed	0	1	2	98. I like to help others	
0	1	2	72. I set fires	0	1	2	99. I smoke, chew, or sniff tobacco	
0	1	2	73. I can work well with my hands	0	1	2	100. I have trouble sleeping (describe): _____	
0	1	2	74. I show off or clown	0	1	2	101. I cut classes or skip school	
0	1	2	75. I am too shy or timid	0	1	2	102. I don't have much energy	
0	1	2	76. I sleep less than most kids	0	1	2	103. I am unhappy, sad, or depressed	
0	1	2	77. I sleep more than most kids during day and/or night (describe): _____	0	1	2	104. I am louder than other kids	
0	1	2	78. I am inattentive or easily distracted	0	1	2	105. I use drugs for nonmedical purposes ( <i>don't</i> include alcohol or tobacco) (describe): _____	
0	1	2	79. I have a speech problem (describe): _____	0	1	2	106. I like to be fair to others	
0	1	2	80. I stand up for my rights	0	1	2	107. I enjoy a good joke	
0	1	2	81. I steal at home	0	1	2	108. I like to take life easy	
0	1	2	82. I steal from places other than home	0	1	2	109. I try to help other people when I can	
0	1	2	83. I store up too many things I don't need (describe): _____	0	1	2	110. I wish I were of the opposite sex	
				0	1	2	111. I keep from getting involved with others	
				0	1	2	112. I worry a lot	

**Please write down anything else that describes your feelings, behavior, or interests:**