Bracken Psychiatric Services
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Child & Adolescent Patient History Questionnaire

Child's Name:
Nickname?
Date of Birth:

What are the concerns/symptoms you are seeking treatment for?
When did you first notice these concerns?
Additional Concerns:

Past Psychiatric History

Has your child ever seen a psychiatrist? If so, please provide information about providers, dates, and treatment rendered.

_____
_____
_____

Has your child ever seen a psychologist?_____
_____
_____
_____

Has your child ever seen a therapist?_____
_____
_____
_____

Has your child ever been hospitalized for psychiatric reasons? If so, where and when?

_____
_____
_____
_____

Please circle the behaviors below that pertain to your child.

Nervous	Hyperactive	Temper tantrums	Poor sleep
Short attention span	Cries easily	Behavior problems	Destroys property
Easily frustrated	Excessive fears	Motor tics	Bite nails
Pulls hair	Frequent headaches	Frequent stomachaches	Fatigue/easily tired
Harms self (ie. cutting)	Hurts others (hits, bites, kicks)	Overweight	Perfectionist
Shy	Does not follow rules	Worries a lot	Overly talkative
Low self esteem	Likes self	Withdrawn/sullen	Slow learner
Demands attention	Plays well with peers	Irritable	Trouble making friends
Prefers to play alone	Depressed/sad	Legal problems	Weird ideas/bizarre thoughts
Running away from home	Vision problems	Hearing problems	Speech problems
Sexually active	Alcohol use	Drug use	Tobacco use
Legal Problems	Head Injury		

Medications: Please list all medications or supplements taken by your child.
Include psychiatric and medical medications.

Medication	**Dose** *(mg, units,mL, etc)*	**Doses per day** *(AM, twice daily, at bedtime, etc)*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Past Medical History:

Primary Care Physician:
Clinic Name, Address, and Phone #:

Current Medical Diagnoses *i.e. asthma, diabetes, seizures, etc*	Treatment?
1.	
2.	
3.	
4.	

Previous Surgeries	Approximate Date	Location/Hospital
1.		
2.		
3.		

Previous Hospitalizations	Approximate Date	Location/Hospital
1.		
2.		
3.		

Medication Allergies:
Food Allergies:
Are Immunizations Up-to-Date?

Developmental History:
Pregnancy:

Mother's Age During Pregnancy:	Prenatal Care Began in Which Trimester? 1st 2nd 3rd
How many total pregnancies for mother?	Which pregnancy was this one?
Any complications during the pregnancy? *ie. pre-term labor, high blood pressure, gestational diabetes*	Maternal drug, alcohol, or tobacco use during pregnancy?

Labor and Delivery:

Due Date:	Birth Date:
Hospital:	City, State:
Vaginal or C-Section?	Forceps or Vacuum Assisted?
Anesthesia? Epidural, Spinal, General, IV, None	Length of Labor?
APGAR Scores?	Birth Weight?
Complications During Delivery?	

Neonatal History:

Was your baby in the NICU?	How long did your baby stay in the hospital?
Did your baby have any nursery complications? Jaundice? Feeding problems? Infections?	Did your baby require resuscitation or oxygen?

Milestones: Please provide the age (in months) when your child attained the following milestone.

Sit unassisted	Hand-knee crawl
Walk independently	Pedal a trike
Finger feed	Toilet trained
Use "mama/dada" only for parent	First word
Point to indicate needs/wants	Used 10-15 words
Used 50 words	Put two words together

Family/Social History:

Who lives in the child's home?_____

Does the child have a second home where they spend part of the week?_____

Are parents married/partnered/separated/divorced?_____

How long have parents been married (*if applicable*)?_____

Mother	**Father**
Name:	Name:
DOB:	DOB:
Education Level:	Education Level:
Occupation/Employment:	Occupation/Employment:
Medical History:	Medical History:
Psychiatric History:	Psychiatric History:

Step-Mother *(if applicable)*	**Step-Father** *(if applicable)*
Name:	Name:
DOB:	DOB:
Education Level:	Education Level:
Occupation/Employment:	Occupation/Employment:
Medical History:	Medical History:
Psychiatric History:	Psychiatric History:

Siblings					
Name	DOB & Age	Relationship *(full,1/2,step,etc)*	Grade	Medical Problems?	Psychiatric Problems?

Family History: Please indicate if there is a family history of the following conditions and who is affected with the condition.

Anxiety	Heart disease
Depression	Sudden cardiac death
Bipolar disorder	Cancer
ADHD	Alcoholism
Autism	Drug abuse
Eating Disorders	Thyroid problems
Learning disabilities	Seizures
Other psychiatric conditions?	Other medical conditions?

Educational History:

Current School:	County/School District:
Address:	Phone Number:
Grade:	Type of Class: *Regular, Inclusion, Self-Contained, etc?*
Does your child have an IEP or 504 Plan?	Is your child in Exceptional Student Education (ESE)?
Does your child receive Speech Therapy at school?	Exceptionalities: *SLD, Autism, OHI, etc?*
Does your child receive Occupational Therapy at school?	Does your child receive Physical Therapy at school?
Has your child ever been suspended from school?	Has your child ever been expelled from school?

Please list the previous schools that your child has attended:

Years	Grades	School Name	Type of Class	Any problems? *Suspensions, Expulsions, etc*

Legal History:

Arrest(s):	Date(s):

Substance Abuse History *please include age of first use and frequency if known***:**

Alcohol First Used: Frequency:	**Marijuana (weed)** First Used: Frequency:
Cocaine (crack, coke) First Used: Frequency:	**Tobacco** First Used: Frequency:
Opiates (heroin, pain killers, methadone) First Used: Frequency:	**Benzodiazepines (Xanax, Klonopin, Ativan, Valium)** First Used: Frequency:
MDMA (ecstasy) First Used: Frequency:	**LSD (acid, hallucinogens**) First Used: Frequency:
Over the Counter (cough syrup, triple C's, laxatives) First Used: Frequency:	**Bath Salts, Spice, K2** First Used: Frequency:
Amphetamines (speed, Adderall, Ritalin) First Used: Frequency:	**Inhalants (dusters, whip its**) First Used: Frequency:
Other: First Used: Frequency:	**Other:** First Used: Frequency:

Any other issues not yet addressed?

Past Psychiatric Medication

Anti Depressants	**Response (Good, Fair, Poor)**	**Antipsychotic**	**Response (Good, Fair, Poor)**
Amitriptyline (Elavil)		Olanzapine (Zyprexa)	
Bupropion (Wellbutrin)		Perphenazine (Trilafon)	
Citalopram (Celexa)		Pimozide (Orap)	
Clomipramine (Anafranil)		Quetiapine (Seroquel)	
Desipramine (Norpramin)		Risperidone (Risperdal)	
Doxepin (Sinequan)		Asenapine (Saphris)	
Escitalopram (Lexapro)		Thioridazine (Mellaril)	
Fluoxetine (Prozac)		Thiothixene (Navane)	
Fluvoxamine (Luvox)		Trifluperazine (Stelazine)	
Imipramine (Tofranil)			
Mitrazapine (Remeron)		**Mood Stabilizers**	
Nefazodone (Serzone)		Carbamazepine (Tegretol)	
Nortriptyline (Pamelor)		Gabapentin (Neurontin)	
Paroxetine (Paxil)		Lamotrigine (Lamictal)	
Phenelzine (Nardil)		Lithium (Lithobid, etc)	
Dexvenlafaxine (Pristiq)		Topiramate (Topamax)	
Sertraline (Zoloft)		Valproic Acid (Depakote, etc)	
Tranylcypromine (Parnate)			
Trazodone (Desyrel)		**ADHD Medications**	
Venlafaxine (Effexor)		Amphetemine salts (Adderall, etc)	
		Clonidine (Kapvay, Catapres)	
AntiAnxiety		Dexmethylphenidate (Focalin)	
Alprazolam (Xanax)		Guanfacine (Intuniv, Tenex)	
Buspirone (Buspar)		Methylphenidate (Ritalin, Concerta, Daytrana, etc)	
Chlordiazepoxide (Librium)		Strattera (Atomoxetine)	
Clonazepam (Klonopin)		Vyvanse (Lisdexamfetamine)	
Clorazepate (Tranxene)			
Diazepam (Valium)		**Miscellaneous**	
Flurazepam (Dalmane)		Thyroid (Synthroid, Cytomel)	
Hydroxyzine (Vistaril)		Dilantin (Phenytoin)	
Lorazepam (Ativan)		Propranolol (Inderal)	
Oxazepam (Serax)		Naltrexone (Revia)	
Temazepam (Restoril)		Benztropine (Cogentin)	
Triazolam (Halcion)		Trihexyphenidyl (Artane)	
Zolpidem (Ambien)		L-Dopa	
Antipsychotic			
Aripiprazade (Abilify)		**Other Medications**	
Fluphenazine (Prolixin)			
Haloperidol (Haldol)			
Lurasidone (Latuda)			

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments:

For Office Use Only

Total number of questions scored 2 or 3 in questions 1–9: _____

Total number of questions scored 2 or 3 in questions 10–18: _____

Total Symptom Score for questions 1–18: _____

Total number of questions scored 2 or 3 in questions 19–26: _____

Total number of questions scored 2 or 3 in questions 27–40: _____

Total number of questions scored 2 or 3 in questions 41–47: _____

Total number of questions scored 4 or 5 in questions 48–55: _____

Average Performance Score: _____

American Academy of Pediatrics

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NICHQ

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