

Mental Health History Form

Has your child ever received mental health counseling or treatment? Yes No

If yes, please explain: _____

Has this student had a history of mental health concerns? If so, please explain:

Have any family members or had a history of substance use issues? If so, please explain:

Has this student had a history of substance use issues? If so, please explain:

Does your child have a history of:

- | | |
|---|---|
| <input type="checkbox"/> Witness to domestic violence
<input type="checkbox"/> Physical abuse
<input type="checkbox"/> Sexual abuse
<input type="checkbox"/> Neglect
<input type="checkbox"/> Serious or life-threatening accident or injury
<input type="checkbox"/> Natural disaster
<input type="checkbox"/> Victim of Crime | <input type="checkbox"/> Witness to community violence
<input type="checkbox"/> Exposure to a war zone
<input type="checkbox"/> Emotional abuse
<input type="checkbox"/> Parent separation or divorce
<input type="checkbox"/> Traumatic loss of a loved one
<input type="checkbox"/> Sanctuary Trauma (trauma while in an institution, group home, or foster care)
<input type="checkbox"/> Other: _____ |
|---|---|

Has your child ever had any expulsions or prolonged suspensions?

What would you like to achieve after receiving services?

<input checked="" type="checkbox"/>	Behavioral Issues
	Argues w/adults, defies or refuses adults requests, specify how many times before child complies:
	Deliberately annoys others (specify bx):
	Blames others for own mistakes or bx
	Is touchy or easily annoyed by others
	Is spiteful or vindictive
	Anger outbursts/loses temper (triggers for anger):
	Illegal Activity/gang activity (specify):
	Stealing (Hm or Comm? money or objects):
	Bullying or intimidating others (How? teasing, threatening?):
	Fighting with peers/siblings- (specify and indicate if child starts the fights with others, triggers):
	Homicidal Ideations (specify):
	Suicidal Ideations (specify):
	Lying (specify what cl is lying about): trying to cover up what
	Harmful toward animals
	Destruction of Property (specify their's or others):
	Fire Setting (specify):
	Truancy/skipping school and/or class
	Disruptive in class/home
	Difficulty completing assignments/tasks
	Poor Grades (grades have taken for the worst)
	Talks Excessively
	Impulsive/interrupts others/has trouble waiting turn

	Hyperactive/fidgety/squirms in seat
	Forgetful/loses things/disorganized
	Easily Distracted
	Poor Concentration
	Excessive fear, worries, or anxiety (about what):
	Irritability/restlessness
	Tiredness/muscle tension/somatic symptoms (specify):
	Mood changes that are intense and abrupt (Noticeable cycles):
	Depressed mood/sadness/excessive crying (any triggers):
	Low self-esteem issues/feelings of hopelessness/worthlessness
	Eating issues (hoarding, loss of appetite, gain of weight, refusal to eat, purging):
	Sleeping issues (bad dreams, too much/too little sleep, difficulty falling asleep, sleep walking):
	Enuresis/Encopresis (bedwetting)
	Problems with attachment (specify excessive inhibited/hypervigilant or indiscriminate attachments/diffuse boundaries):
	History of abuse, neglect, or witnessed violence (specify):
	Social skills deficits (specify difficult time forming and maintaining relationships):
	Bizarre or weird thinking or actions (specify):
	Sexual acting out bx (specify):
	Issues with Personal Safety (does cl place him/herself in dangerous situations?):
	Refused Medication/Substance use or abuse (specify):