

# 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"/> Witness to community violence   |
| <input type="checkbox"/> Physical abuse                                 | <input type="checkbox"/> Exposure to a war zone  |
| <input type="checkbox"/> Sexual abuse                                   | <input type="checkbox"/> Emotional abuse   |
| <input type="checkbox"/> Neglect  | <input type="checkbox"/> Parent separation or divorce  |
| <input type="checkbox"/> Serious or life-threatening accident or injury | <input type="checkbox"/> Traumatic loss of a loved one   |
| <input type="checkbox"/> Natural disaster                               | <input type="checkbox"/> Sanctuary Trauma (trauma while in an institution, group home, or foster care) |
| <input type="checkbox"/> Victim of Crime                                | <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"/>	<b>Behavioral Issues</b>
	Argues w/adults, defies or refuses adults requests, <b>specify how many times before child complies:</b>
	Deliberately annoys others ( <b>specify bx</b> ):
	Blames others for own mistakes or bx
	Is touchy or easily annoyed by others
	Is spiteful or vindictive
	Anger outbursts/loses temper ( <b>triggers for anger</b> ):
	Illegal Activity/gang activity ( <b>specify</b> ):
	Stealing ( <b>Hm or Comm? money or objects.</b> ):
	Bullying or intimidating others ( <b>How? teasing, threatening?</b> ):
	Fighting with peers/siblings- <b>(specify and indicate if child starts the fights with others, triggers):</b>
	Homicidal Ideations ( <b>specify</b> ):
	Suicidal Ideations ( <b>specify</b> ):
	Lying ( <b>specify what cl is lying about</b> ): trying to cover up what
	Harmful toward animals
	Destruction of Property ( <b>specify their's or others</b> ):
	Fire Setting ( <b>specify</b> ):
	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 ( <b>about what</b> ):
	Irritability/restlessness
	Tiredness/muscle tension/somatic symptoms ( <b>specify</b> ):
	Mood changes that are intense and abrupt ( <b>Noticeable cycles</b> ):
	Depressed mood/sadness/excessive crying ( <b>any triggers</b> ):
	Low self-esteem issues/feelings of hopelessness/worthlessness
	Eating issues ( <b>hoarding, loss of appetite, gain of weight, refusal to eat, purging</b> ):
	Sleeping issues ( <b>bad dreams, too much/too little sleep, difficulty falling asleep, sleep walking</b> ):
	Enuresis/Encopresis (bedwetting)
	Problems with attachment ( <b>specify excessive inhibited/hypervigilant or indiscriminate attachments/diffuse boundaries</b> ):
	History of abuse, neglect, or witnessed violence ( <b>specify</b> ):
	Social skills deficits ( <b>specify difficult time forming and maintaining relationships</b> ):
	Bizarre or weird thinking or actions ( <b>specify</b> ):
	Sexual acting out bx ( <b>specify</b> ):
	Issues with Personal Safety ( <b>does cl place him/herself in dangerous situations?</b> ):
	Refused Medication/Substance use or abuse ( <b>specify</b> ):