

CHILD COMPREHENSIVE ASSESSMENT

IDENTIFYING INFORMATION

(Taken from demographics)

PRESENTING PROBLEMS

In consumers own words, why is the consumer here today? How does he/she view the referral? What lead to the referral? What solutions have been tried in the past? What has blocked the change in the past? What do they want to change or hope to get as a result?

Narrative

PARENTING

What are the parents responsible for? Parents view of parenting needs, assessment of parenting skills, sources of parenting support, status of mental health affecting parenting? Questions/issues related to child/parent and parent-child relationship?

Narrative

HISTORY OF MENTAL HEALTH SERVICES AND TREATMENT SERVICES

List of hospitals, CMH agencies, DHS involvement

Identify	Where/provider	Reason	Dates/LOS	Did the consumer find Tx effective?

HEALTH

Birth History/Development

(planned pregnancy, any complications during pregnancy or delivery, what kind of infant, how did the parents feel about the the infant, problems eating, sleeping, etc.? Early Developmental milestones, prenatal exposure to drugs, alcohol, tobacco?)

narrative

Any problems or delays with:

Speech Functioning

☐ No ☐ Yes, if so explain: *narrative*

Hearing Functioning

☐ No ☐ Yes, if so explain: *narrative*

Visual Functioning

☐ No ☐ Yes, if so explain: *narrative*

Significant Health Issues:

Allergies, Medication, Pain, Surgeries, Nutritional Issue, Weight, Immunizations Current, HIV risk assessment

narrative

Reports Current Health Status is

☐Excellent ☐Good ☐Fair ☐Poor

Issues currently affecting quality of life?

☐No ☐Yes, if so explain: **narrative**

FAMILY HISTORY

Loss separation, divorce, upbringing, significant life events affecting child/family

COMMUNITY INVOLVEMENT

<input type="checkbox"/> Plays with neighborhood kids	<input type="checkbox"/> Plays organized sports	<input type="checkbox"/> Knows neighbors by name
<input type="checkbox"/> Participates in after school activities	<input type="checkbox"/> Takes time to engage in now inters	<input type="checkbox"/> Involved in church activities
<input type="checkbox"/> Able to find thing to do that are enjoyed	<input type="checkbox"/> Has a choice of social activities	<input type="checkbox"/> Enrolled in classes for fun
<input type="checkbox"/> Boys/girls community club or organization	<input type="checkbox"/> Spends time with family doing things in the community	<input type="checkbox"/>
<input type="checkbox"/> Other activities that are meaningful to the child/family: narrative		

Desired community involvement and mental activities consumer would like to add to daily life: **narrative**

SUBSTANCE USE HISTORY

Reported abuse by consumer/family/parent: ☐No ☐Yes

Who

Substance Used

How Often/How Much

Age First Used

Last Used

Received Treatment

Stage of Change:

☐NA ☐Pre-contemplative ☐Contemplative☐Preparation ☐Action ☐Maintenance

TRUAMA HISTORY (HISTORY OF VIOLENCE/ ABUSE/ NEGLECT)

☐No Reported History

Are you aware of or do you suspect the child has experienced any of the following:

☐Physical abuse

- ☐ Suspected neglectful home environment
- ☐ Emotional abuse
- ☐ Exposure to domestic violence
- ☐ Known or suspected exposure to drug activity *aside from parental/caregiver use*
- ☐ Known or suspected exposure to any other violence *not already identified*
- ☐ Parental/caregiver drug use/substance abuse
- ☐ Multiple separations from parent or caregiver
- ☐ Frequent and multiple moves or homelessness
- ☐ Sexual abuse or exposure
- ☐ Other _____

LEGAL ISSUES/ HISTORY

Reported abuse by consumer/family/parent: ☐ No ☐ Yes

Family/Parent (indicate arrest, probation, parole, pending court actions): **narrative**

Consumer is under Court Jurisdiction:

☐ TCW ☐ MCI ☐ Probation ☐ Committed

RELIGION/SPIRITUAL ISSUES

Values and beliefs and potential impact on treatment: **narrative**

- ☐ Affiliated with a religion/church
- ☐ Not involved inorganic
- ☐ Feel spirituality is important in their life

CULTURAL/ETHNIC ISSUES AND VALUES

☐ Identify with a cultural/ethnic/racial group: **narrative**

SOCIOECONOMIC STATUS

Sources of income, current status and satisfaction, effect on child/family/parents?

narrative

EDUCATION

Child

☐ Preschool ☐ Day Care ☐ Head Start ☐ Early On

Current Grade:

Current School:

In Special Education: ☐ No ☐ Yes, if so Service Type: **narrative**

Date of Last IEPC:

Repeated Grades ☐ No ☐ Yes, if so explain: **narrative**

Limited English Proficiency: ☐ No ☐ Yes, if so explain: **narrative**

Mother

- | | | |
|---|--|---|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> GED | <input type="checkbox"/> High School Grad |
| <input type="checkbox"/> Trade School | <input type="checkbox"/> Some College | <input type="checkbox"/> College Grade |
| <input type="checkbox"/> MA or PhD | <input type="checkbox"/> Literacy Issues | |

Father

- | | | |
|---|--|---|
| <input type="checkbox"/> Some High School | <input type="checkbox"/> GED | <input type="checkbox"/> High School Grad |
| <input type="checkbox"/> Trade School | <input type="checkbox"/> Some College | <input type="checkbox"/> College Grade |
| <input type="checkbox"/> MA or PhD | <input type="checkbox"/> Literacy Issues | |

Does the child/family need assistance to achieve education/work goals:

- ☐ No ☐ Yes, if so explain: **narrative**

NATURAL SUPPORTS

Who is supportive in daily life? Who will be there to support the progress toward goals Identify who and who the natural supports will be involved.

- | | |
|--|----------------------|
| <input type="checkbox"/> Parents | How narrative |
| <input type="checkbox"/> Siblings | How narrative |
| <input type="checkbox"/> Spouse/Partner | How narrative |
| <input type="checkbox"/> Friends | How narrative |
| <input type="checkbox"/> Other | How narrative |
| <input type="checkbox"/> No Natural Support Identified | |

The parents/guardian has been assessed as willing and able to be participants in the child's treatment. ☐ No ☐ Yes

SAFETY ASSESSMENT

- ☐ At Risk Behaviors
☐ No ☐ Yes, if so explain measures taken to address safety: **narrative**
- ☐ School
☐ No ☐ Yes, if so explain measures taken to address safety: **narrative**
- ☐ Community
☐ No ☐ Yes, if so explain measures taken to address safety: **narrative**
- ☐ Physical Activities that put the child at risk
☐ No ☐ Yes, if so explain measures taken to address safety: **narrative**
- ☐ Weapons in home
☐ No ☐ Yes, are they stored/locked
- ☐ Home
☐ No ☐ Yes, if so explain measures taken to address safety: **narrative**
- ☐ Work
☐ No ☐ Yes, if so explain measures taken to address safety: **narrative**

- ☐ No safety concerns identified.

CONCERNS

Infant (0-3):

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Sleep | <input type="checkbox"/> Feeding | <input type="checkbox"/> Health |
| <input type="checkbox"/> Attachment | <input type="checkbox"/> School/Day Care | <input type="checkbox"/> Sensory Integration |
| <input type="checkbox"/> Development | <input type="checkbox"/> Other: narrative | |

Child (2 ½-5)

- | | | |
|--|---|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Temper/Aggression | <input type="checkbox"/> Sexual Acting Out |
| <input type="checkbox"/> Suicidal Ideation | <input type="checkbox"/> Self Injuries Behavior | <input type="checkbox"/> Harm to Others |
| <input type="checkbox"/> School/Day Care Issues | <input type="checkbox"/> Depression | <input type="checkbox"/> Eating |
| <input type="checkbox"/> Fire Setting | <input type="checkbox"/> Isolating | <input type="checkbox"/> Low self-esteem |
| <input type="checkbox"/> Impulse control | <input type="checkbox"/> Language | <input type="checkbox"/> reality orientation |
| <input type="checkbox"/> Cognitive abilities | <input type="checkbox"/> communication | <input type="checkbox"/> developmental delays |
| <input type="checkbox"/> other: narrative | | |

Child/Adolescent (6-17)

- | | | |
|--|--|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Temper/Violent Outburst | <input type="checkbox"/> Sexual Acting Out |
| <input type="checkbox"/> Suicidal Ideation | <input type="checkbox"/> Harm to Others | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> School/Day Care Issues | <input type="checkbox"/> Depression | <input type="checkbox"/> Low self-esteem |
| <input type="checkbox"/> Fire Setting | <input type="checkbox"/> Isolating/Withdrawn | <input type="checkbox"/> reality orientation |
| <input type="checkbox"/> Impulse control | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Cognitive abilities |
| <input type="checkbox"/> other: narrative | | |

Parent

- | | |
|--|--|
| <input type="checkbox"/> Interaction Difficulties | <input type="checkbox"/> Lack of parenting knowledge |
| <input type="checkbox"/> Substance use | <input type="checkbox"/> history of post partum depression |
| <input type="checkbox"/> Learning/literacy problems | <input type="checkbox"/> lack of support |
| <input type="checkbox"/> Current mental health status/explain: | <input type="checkbox"/> other: narrative |
| <input type="checkbox"/> other: narrative | |

CLINICAL IMPRESSIONS

narrative

DIAGNOSIS

Axis I

Axis II

Axis III

Axis IV

CAFAS SCORE (7-17years old)

PECAFAS SCORE (4 – 6 years old)

DECA SCORE (0 – 3 years old)

PROGNOSIS

narrative

LEVEL OF CARE

☐ Outpatient ☐ Home based ☐ Case Management

Service recommendations:

☐ Wraparound ☐ Infant Mental Health ☐ PMTO ☐ TFCBT

DISCHARGE PLAN

☐ Discharge Plan discussed

narrative