Desert Shores Pediatrics Behavioral Health Intake Forms

Today's Date:_____

Patient's Name:_____ DOB:_____

Name of person filling out form:_____ Relation to pt:_____

Parental concerns/reason for visit:

_____

_____

_____

_____

Family Information

Please list family members in home:

Name	Relationship	Age

If divorced, please list family members living in other parent's home:

Name	Relationship	Age

Developmental History

Age of mother at child's birth: _____

Mother exposed to toxins during pregnancy:_____

Mother on any medications during pregnancy:_____

Any complications during pregnancy:_____

Was the pregnancy full term (>37 weeks):_____

Patient's Name: _____ DOB:_____

Developmental History Continued

Child's birth weight:_____

At what age did your child walk?_____

At what age did your child say their first words: _____

At what age did you child combine 2-3 words to make a phrase: _____

At what age was your child toilet trained: _____

Was your child enrolled in AZ Early Intervention Program (AZEIP):_____

Therapies

Previous or current counselor's name and phone number:

_____

Any behavioral diagnostic evaluation before (PCP, psychiatrist, hospital, social worker)? _____

When? _____ By Whom: _____

Results/Diagnosis: _____

If medication was prescribed, name and strength of medication(s):

_____

_____

Any psychiatric hospitalizations (If yes, dates and locations):

_____

Reason for psychiatric hospitalization:

_____

Any self-harming behaviors (cutting, scratching, headbanging, hitting self):

_____

Any aggression towards others:

_____

Intensive outpatient program or day treatment attendance:

_____

Patient's Name: _____ DOB:_____

Family History of Emotional/Behavioral Problems

Please list family members with the following:

Depression:_____

Anxiety: _____

Bipolar/Manic: _____

Suicide Attempts/Cutting/Self-Harm: _____

ADHD/ADD: _____

Aspergers/Autism/PDD/High Functioning Autism: _____

Alcohol problems: _____

Substance Abuse: _____

Other:_____

Please note:

1. The psychiatric nurse practitioner is not a counselor or a therapist. Her primary role is medical diagnosis and discussion of treatment options. Counseling or therapy may be recommended as part of the treatment plan (with or without medications), but we do not have a licensed psychologist, therapist, counselor, or social worker on staff currently.

2. The psychiatric nurse practitioner is not able to appear in court or prepare any reports for the court. The provider does not get involved in any custody disputes and will not testify or prepare any documents related to custody or other legal matters for parents.

3. Acute mental health emergencies can occur and occasionally our psychiatric nurse practitioner will run behind. Please understand that we our diligent about trying to stay on time, but there are circumstances and mental health crises that arise that cannot be ignored. In turn, if your child/teen is ever in need of extra time for additional discussion, treatment, or crisis management, please know that their wellbeing will also be prioritized. Thank you for your understanding.

_____ _____

Signature Date

_____

Printed Name