



MINOR ASSESSMENT

(For PARENT/GUARDIAN to complete on behalf of client who is 17 years old or younger)

CHILD'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

Person completing form: \_\_\_\_\_ Relationship: \_\_\_\_\_

Who lives in the home with minor child? \_\_\_\_\_

Who raised the child? \_\_\_\_\_

Why are you seeking help now? \_\_\_\_\_

How long has your child been having these problems? \_\_\_\_\_

Why do you think this is a problem for your child? \_\_\_\_\_

Whose idea is it to bring child in for treatment? \_\_\_\_\_

What is your expected outcome of treatment? \_\_\_\_\_

How are these problems affecting you, other family members and/or others? \_\_\_\_\_

Describe mother's relationship with child? \_\_\_\_\_

Describe father's relationship with child: \_\_\_\_\_

Describe stepparent's relationship with child? \_\_\_\_\_

How does child get along with brothers and/or sisters? \_\_\_\_\_

Please name any deceased family members who were close with your child? \_\_\_\_\_

**SYMPTOMS: CIRCLE THE NUMBERS OF ALL ITEMS THAT APPLY TO THE CLIENT NOW OR WITHIN PAST 3 MONTHS:**

- 1. Speech Difficulties 21. Lies a lot 41. Afraid
2. Nervous Habits/Behavior 22. Breaks curfew 42. Seems Insecure
3. Frequent headaches 23. Runs away 43. Withdrawn
4. Frequent Stomach-aches 24. Skips school 44. Shy
5. Sleep Disturbances 25. Doesn't complete homework 45. Sad/Depressed a lot
6. Difficulty making friends 26. Has problematic friends 46. Cries Frequently
7. Difficulty keeping friends 27. Underactive 47. Won't sleep in own bed
8. Little interest in friends 28. Overactive 48. Seems too Serious
9. Little interest in activities 29. Acts before thinking 49. Secretive
10. Disrespectful/argumentative 30. Short attention-span 50. Looks "High" often
11. Temper Tantrums 31. Unable to sit still 51. Keeps to him/herself
12. Ignores rules/chores 32. Clowns around a lot 52. Avoids family activities
13. Defies authority 33. Accident-prone 53. In his/her own world
14. Threatening behavior 34. Sucks thumb 54. Imaginary friends
15. Throws/breaks things 35. Wets the bed 55. Unusual behavior
16. Gets in frequent fights 36. Wets/Soils clothes 56. Mentally Slow
17. Hurts animals 37. Bangs Head 57. Nightmares
18. Sets Fires 38. Grinds Teeth 58. Acts spoiled
19. Steals 39. Separation Problems 59. Too interested in sex
20. Lacks guilt/remorse 40. Excessive Worry 60. Disorganized/messy

Please explain more about the items you circled: \_\_\_\_\_

Any comments that the child wished he/she was dead? \_\_\_\_\_ How recently? \_\_\_\_\_

Has your child made any threats or attempts to seriously harm self or others? \_\_\_\_\_

Has your child been exposed to any domestic violence? Yes No Towards child? Yes No Towards others? Yes No

Has your child experienced any significant events such as the death of a loved one, house fire, violent acts, moves, divorce?

Current religious/spiritual involvement/ activities: \_\_\_\_\_

Does child have any religious or spiritual desires or dislikes now? \_\_\_\_\_

**PREVIOUS MENTAL HEALTH OR ALCOHOL/ SUBSTANCE ABUSE TREATMENT:**

**OUTPATIENT:** Has your child seen a therapist for personal or family problems or alcohol/drug treatment? Yes No

Explain? \_\_\_\_\_

Any involvement in Self-Help Support groups such as AA, NA, Recovery, etc.? \_\_\_\_\_

Were any of their prior treatment experiences helpful? Yes No Explain: \_\_\_\_\_

**INPATIENT:** Has your child ever been in a Hospital or Residential treatment for personal problems or alcohol/drug problems?

Yes No Explain? \_\_\_\_\_

Were any of the treatment experiences helpful? Yes No Explain: \_\_\_\_\_

What medications were prescribed? \_\_\_\_\_

Which of those medications were helpful? \_\_\_\_\_

Have any family members had a history of mental health or psychiatric problems? \_\_\_\_\_

Explain: \_\_\_\_\_

**PHYSICAL HEALTH:** Date of last physical: \_\_\_\_\_ Findings: \_\_\_\_\_

List all medications that child is on and for what medical reasons: \_\_\_\_\_

Immunizations up to date? Yes or No Child's Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Appetite: \_\_\_\_\_ Recent weight gain? \_\_\_\_\_ Loss?

\_\_\_\_\_ Does child over eat? \_\_\_\_\_ Binge? \_\_\_\_\_ Purge? \_\_\_\_\_ Energy/Activity Level: \_\_\_\_\_

Any food or medication allergies? Yes No What? \_\_\_\_\_

List any serious illnesses, injuries, surgeries, or medical hospitalizations. \_\_\_\_\_

Describe any sexual concerns or gender issues that your child might have: \_\_\_\_\_

**RULES/RESPONSIBILITIES/RELATIONSHIPS:**

How does child deal with rules, responsibilities, chores? \_\_\_\_\_

Does child obey curfew? \_\_\_\_\_ Has child threatened/attempted to run away or stay out all night? \_\_\_\_\_

How do you deal with child's misbehavior? \_\_\_\_\_

Do you or your spouse believe in physical discipline? \_\_\_\_\_

Has the family ever been involved with Protective Services? \_\_\_\_\_

Are there any situations at home that might have an effect on child's behavior? \_\_\_\_\_

**INTEREST ACTIVITIES** (What does child enjoy doing?)

\_\_\_ Television

\_\_\_ Movies/videos

\_\_\_ Video games

\_\_\_ Music

\_\_\_ Playing Instrument(s)

\_\_\_ Singing

\_\_\_ Dancing

\_\_\_ Reading

\_\_\_ Writing

\_\_\_ Drawing

\_\_\_ Being with friends

\_\_\_ Being with family

\_\_\_ Being alone

\_\_\_ Cooking

\_\_\_ Eating

\_\_\_ Going to a Museum

\_\_\_ Shopping

\_\_\_ Going to school

\_\_\_ Studying

\_\_\_ Exercise

\_\_\_ Play sports

\_\_\_ Watch Sports

\_\_\_ Hike

\_\_\_ Bike Riding

\_\_\_ Roller-blading/Skate

\_\_\_ Fix/ Repair things

\_\_\_ Sew/Knit/Crochet

\_\_\_ Build/ Decorate

\_\_\_ Gardening

\_\_\_ Playing cards

Has your child recently lost interest in activities that he/she normally enjoyed? \_\_\_\_\_

Do you feel your child spends enough time on his/her interests, hobbies (non-work activities)? \_\_\_\_\_

**DEVELOPMENTAL HISTORY:** Was your pregnancy planned? \_\_\_\_\_ Length of term: \_\_\_\_\_

Did mother smoke, drink, do drugs during pregnancy? \_\_\_\_\_

Problems/complications during delivery: \_\_\_\_\_

Explain if mother and child were separated at birth: \_\_\_\_\_

Other mother/child separations: \_\_\_\_\_

Describe child as an infant/toddler (happy, fussy, overactive withdrawn): \_\_\_\_\_

Current School District and Teacher's Name: \_\_\_\_\_ Counselor: \_\_\_\_\_

Is the child in any special classes? \_\_\_\_\_ Since what grade: \_\_\_\_\_

Does your child have any learning disability? \_\_\_\_\_

Chart #: \_\_\_\_\_

Has your child repeated any grades? Yes No Which grade(s)? \_\_\_\_\_  
 How is child's attendance? \_\_\_\_\_ Describe overall attitude with school: \_\_\_\_\_  
 Describe behavior in school? \_\_\_\_\_  
 Current academic standing? \_\_\_\_\_  
 When did you begin to notice changes in behavior or academic performance? \_\_\_\_\_  
 Any significant events at this time that you can remember? \_\_\_\_\_  
**EMPLOYMENT:** Where does child work? \_\_\_\_\_ Hours per week? \_\_\_\_\_ Time on the job: \_\_\_\_\_  
 Where do you work? \_\_\_\_\_  
 Where does your spouse work? \_\_\_\_\_  
**PARENTS TIME IN MILITARY SERVICE:** Type: \_\_\_\_\_ Length of time? \_\_\_\_\_  
 Child's behavior change during this time? How? \_\_\_\_\_  
**LEGAL HISTORY:** Is the child currently on Probation? \_\_\_\_\_ Parole? \_\_\_\_\_ Ending Date: \_\_\_\_\_  
 Does child have any upcoming Court dates? \_\_\_\_\_ Reason: \_\_\_\_\_  
 Are they currently in any lawsuits? \_\_\_\_\_

**CONFIDENTIALITY WITH MINORS**

The State of Michigan provides significant confidentiality to minors seeing mental health treatment. Patients ages 12 and up have a right to substance abuse treatment (amongst other things) WITHOUT parent/guardian knowledge or consent. Patients 14 years of age and up can access outpatient Mental Health Counseling without parent/guardian knowledge or consent up to 12 visits or 4 months. Therapist assist minors to communicate openly and directly with their parents, and thus, parents are typically involved in the counseling process. In the event children are making poor or dangerous decisions, parents will be brought into the conversation as soon as possible, which, in the case of many situations such as suicidal ideation or attempts, is immediate.

**CONSENT TO TREATMENT OF MINORS AND CUSTODY CONCERNS**

The parent or legal guardian of each child who attends session must complete this section. In a divorce situation, some Custody Agreements require the signatures of both parents for treatment. Because of this, the **signature of both parents** in any divorce situation is required. A **copy of the temporary and/or final custody and divorce decree is requested** prior to beginning treatment with the child to avoid potential ethical and legal concerns. Please refer to the Access Dispute Contract which provides the opportunity for custody arrangement clarification and signature from both parties.

*(Continue for Signature Authorization on next page.....)*

**SIGNATURE AUTHORIZATION for CONSENT TO TREATMENT OF MINOR**

I hereby consent to treatment of my child(ren) per the terms outlined in the above paragraphs and pages of the documents presented to me today:

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (*please print*)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (*please print*)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date