**ABRAZO FOSTER FAMILY AGENCY**

**INITIAL INTAKE SUMMARY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| INTAKE DATE |  | TIME:  |  |  |
|  |
|  |  |  |
| PERSON | LAST, First M.  |  |  |  | DOB |  |
|  | ID No. |  |
|  |
| MAILING ADDRESS |  |
|  |
| PHYSICAL ADDRESS |  |
|  |

**Chief Complaint/Statement of Need** (“Quotes” from Person/Parent/Guardian)

**Referral Source, Duration of Complaint, and Presenting Symptoms/Onset**

**Demographics/Background Information**

**Age:** **Gender:** [ ]  Male [ ]  Female

**Race/Ethnicity:** [ ]  Caucasian [ ]  Latino [ ]  Hispanic [ ]  African American [ ]  Asian

[ ]  Native American [ ]  Alaska Native [ ]  Other (Specify):

**Cultural/Spiritual considerations**:

**Living Arrangements:**

[ ]  With Family/Significant Other ([ ]  Apartment [ ]  Single-family dwelling [ ]  Multi-family dwelling [duplex, quad, etc.] [ ]  Hotel [ ]  Shelter)

[ ]  Homeless (Specify):

[ ]  Foster Care Placement: [ ]  Initial [ ]  Multiple (Specify Date[s], Length of Stay[s], and Termination Reason[s]):

[ ]  Other (Specify):

**Household Members:**

[ ]  Immediate Family [ ]  Extended Family [ ]  Non-relatives

[ ]  Children (Specify age, gender, and relationship to client):

[ ]  Other/Comments:

**Parents’ Rights/Legal Guardianship:**

[ ]  N/A

[ ]  Parental Rights dispute (Specify):

[ ]  Visitation restrictions (Specify):

[ ]  Past or present involvement with OCS (the Office of Children's Services); explain:

[ ]  Identified Legal Guardian and/or Conservator (Name/Contact Information):

**Educational History:**

|  |  |
| --- | --- |
| **Child/Adolescent Educational Assessment** | **Current Educational Setting:**  |
| [ ]  N/A | [ ]  Public | [ ]  Private | [ ]  Boarding | [ ]  Alternate | [ ]  Home | [ ]  Charter |  |
| [ ]  Other (Specify): |  |  |  |  |
| **Current Grade Level** |  | **Skipped Grade** |  | **Held back grade** |  |
| **Any testing for an IEP (Individualized Education Plan)?**  | **[ ]  No**  | **[ ]  Yes** |
|  If any history of, or current placement in, special education, how many hours per day? |  |
| **History of learning problems?**  | **[ ]  No**  | **[ ]  Yes** |
|  If yes, comment:  |
| **History of behavioral problems?**  | **[ ]  No**  | **[ ]  Yes** |
|  If yes, comment:  |
| **History of hyperactivity at school?**  | **[ ]  No**  | **[ ]  Yes** |
| **Ever been expelled or suspended from school?** | **[ ]  No**  | **[ ]  Yes** |
|  If yes, reason:  |
| **School attendance problems?** | **[ ]  No**  | **[ ]  Yes** |
|  If yes, comment:  |
| **Other education-related concerns:**  |

**Social History**

**Place of Birth:**

**Siblings:** [ ]  N/A or Unknown [ ]  No/None Reported [ ]  Yes (Specify below):

Age: Gender: Biological: Step: Half: Adopted: Foster:

      [ ]  M / [ ]  F [ ]  [ ]  [ ]  [ ]  [ ]

      [ ]  M / [ ]  F [ ]  [ ]  [ ]  [ ]  [ ]

      [ ]  M / [ ]  F [ ]  [ ]  [ ]  [ ]  [ ]

**Biological Parents:**

[ ]  Unknown [ ]  Together at time of client’s birth [ ]  Never married [ ]  Married [ ]  Separated [ ]  Divorced

[ ]  Remarried [ ]  Mother / [ ]  Father / [ ]  Both Date(s):

[ ]  Deceased [ ]  Mother / [ ]  Father / [ ]  Both Date(s):

**Relationship with Parents:**

[ ]  Mother **/** [ ]  Stepmother **/** [ ]  Adoptive **/** [ ]  Foster [ ]  Father **/** [ ]  Stepfather **/** [ ]  Adoptive **/** [ ]  Foster

[ ]  N/A or Unknown [ ]  N/A or Unknown

[ ]  Close / Attached / Connected [ ]  Close / Attached / Connected

[ ]  Turbulent / Strained [ ]  Turbulent / Strained

[ ]  Discordant / Disengaged [ ]  Discordant / Disengaged

[ ]  Highly Conflicted / Dysfunctional [ ]  Highly Conflicted / Dysfunctional

**Other Relevant Current Family Dynamics:**

**History of trauma:** [ ]  None Reported [ ]  Neglect [ ]  Physical / Verbal Abuse

[ ]  Sexual Abuse [ ]  Rape [ ]  Domestic Violence

[ ]  Other (Specify):

**Family Psychiatric History:**

History of Abuse (Specify history of abuse or trauma):

 **N/A** **Mother** **Father** **Siblings** **Extended Family**

 History of Completed Suicide (Select all that apply): [ ]  [ ]  [ ]  [ ]  [ ]

If yes, specify:

History of Mental Illness/Problems? [ ]  Unknown [ ]  No [ ]  Yes (Specify):

**Past Medical History/Developmental History**

**Prenatal:** [ ]  Unremarkable/Within normal limits [ ]  Other (Specify):

**Developmental:** [ ]  Unremarkable/Within normal limits [ ]  Other (Specify):

**Illness/Injury:** [ ]  No/none reported [ ]  Yes (Specify type/date):

**Health Record**

Have you experienced/been diagnosed with any medical issues and if so when?

Currently under MD care?\_\_\_\_(Y/N) Physician: Phone Number Referral Made:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Need for Assistive Technology*.specify*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other medical issues not mentioned?\_\_\_\_\_\_(Y/N) (problems with sleep patterns, eating habits, eating disorders)

Explain

**Hospitalizations/Surgeries:** [ ]  No/none reported [ ]  Yes (Specify type/date):

**Drug Allergies:** [ ]  No/none reported [ ]  Yes (Specify):

**Primary Care Provider:** [ ]  No/none reported [ ]  Yes (Specify):

Last medical/primary care clinic office visit: [ ]  Within the last month [ ]  2 to 3 months ago [ ]  3 to 6 months ago

 [ ]  6 to 12 months ago [ ]  Over a year ago [ ]  Not reported

**Non-Psychiatric Medications:**

Is client currently prescribed, or taking, non-psychiatric medication? [ ]  No/none reported [ ]  Yes (Indicate below):

|  |  |  |
| --- | --- | --- |
| Non-Psychiatric Medications: | Dose: | Frequency: |
|  |  |  |
|  |  |  |

**Psychiatric Medications:**

Has client previously been prescribed, or taken, psychiatric medications? [ ]  No/none reported [ ]  Yes

Is the client currently prescribed, or taking, psychiatric medication? [ ]  No/none reported [ ]  Yes

If yes to either of the above questions, indicate below:

|  |  |  |  |
| --- | --- | --- | --- |
| Current: | Psychiatric Medications: | Dose: | Frequency: |
| [ ]  |  |  |  |
| [ ]  |  |  |  |

Medications prescribed were to alleviate symptoms of:

**[ ]**  N/A **[ ]**  Anxiety **[ ]**  Mood Lability **[ ]**  Confusion **[ ]**  Depression **[ ]**  Attention difficulties

**[ ]**  Sleep disturbance **[ ]**  Obsessive/Compulsive thoughts and behaviors **[ ]**  Other (Specify):

Were client’s symptoms reduced? [ ]  N/A [ ]  No [ ]  Yes [ ]  Unknown

**Past Psychiatric History** [ ]  Section Not Applicable

**Prior treatment / Treatment dates**

[ ]  Inpatient hospitalization:

[ ]  Outpatient therapy:

[ ]  Psychological testing:

[ ]  Psychopharmacology:

[ ]  Other: (Specify)

Was previous treatment helpful? [ ]  Undecided [ ]  No [ ]  Yes

**Prior Psychiatric Diagnosis:**

History of psychiatric diagnosis? [ ]  Client uncertain [ ]  No [ ]  Yes (Select all that apply):

[ ]  Mood Disorder/Bipolar I/II [ ]  Depression [ ]  Anxiety

[ ]  Panic Disorder [ ]  Posttraumatic Stress Disorder [ ]  Attention-Deficit/Hyperactivity Disorder

[ ]  Oppositional Defiant [ ]  Conduct Disorder [ ]  Other (Specify):

## Mental Status Examination

Appearance/Dress: **[ ]** Neat **[ ]**Casual **[ ]**Sloppy **[ ]** Adequate **[ ]**Appropriate **[ ]**Inappropriate

Grooming/Hygiene: **[ ]**Appropriate **[ ]**Meticulous **[ ]**Poor **[ ]**Unkempt **[ ]**B.O. **[ ]**Dirty

Eye Contact: **[ ]** Average **[ ]** Decreased **[ ]** Increased

Motor Behavior/Posture: **[ ]**Normal **[ ]**Agitated **[ ]**Pacing **[ ]**Hyperactive **[ ]**Retarded **[ ]**Tics/Twitches **[ ]**Rigid Posture **[ ]**BizarrePosture **[ ]**Catatonic Syndrome

Level of Consciousness: **[ ]**Alert **[ ]**Unresponsive **[ ]**Oriented x 3 **[ ]**Disoriented

Behaviors/Attitudes: **[ ]**Cooperative **[ ]**Attentive **[ ]**Combative **[ ]**Aggressive **[ ]**Hostile **[ ]**Angry **[ ]**Guarded **[ ]**Evasive **[ ]**Defensive **[ ]**Suspicious **[ ]**Uncooperative **[ ]**Seductive **[ ]**Withdrawn **[ ]**Passive **[ ]**Frightened **[ ]**Apathetic **[ ]**Oppositional **[ ]** Preoccupied

Mood: **[ ]**Euthymic **[ ]**Euphoric **[ ]**Depressed **[ ]**Anxious **[ ]**Expansive **[ ]**Irritable

Affect: **[ ]**Stable **[ ]**Constricted **[ ]** Flat **[ ]**Labile **[ ]** Congruent with Mood **[ ]**Inappropriate **[ ]**Blunted **[ ]**Fearful

Speech: **[ ]**Normal **[ ]**Pressured **[ ]**Slowed **[ ]**Slurred **[ ]** Soft **[ ]**Mute **[ ]** Rapid **[ ]** Loud **[ ]**Rambling **[ ]**Mumbling **[ ]** Monotone

Thought Content/Process: **[ ]**Normal **[ ]**Delusions **([ ]**Persecutory  **[ ]**Bizarre **[ ]**Grandiose **[ ]**Reference **[ ]**Control **[ ]** Nihilist **[ ]** Religious**) [ ]**Blocking **[ ]**Flight of Ideas **[ ]**Loose Associations **[ ]** Poverty of content **[ ]** Obsessions **[ ]** Compulsions **[ ]** Phobias **[ ]** Guilt **[ ]** Thought insertion **[ ]** Thought broadcasting **[ ]**Hallucinations **([ ]**Auditory **[ ]**Visual **[ ]**Tactile **[ ]** Olfactory **[ ]** Gustatory [taste] **[ ]**Other**) [ ]**Illusions **[ ]**Depersonalization **[ ]**Derealization

Attention Span: **[ ]**Not Tested **(**Serial 7’s, Digit Span [Adults]**) [ ]**Normal **[ ]**Short **[ ]**Distractible **[ ]**Intact **[ ]**Impaired **[ ]**Grossly Impaired

Memory: **[ ]**Not Tested **\_\_\_\_\_** of 3 Objects at 5 Minutes [Adults]: **[ ]**Normal **[ ]** Deficits in memory? **[ ]**Immediate **[ ]**Short-Term **[ ]** Long-Term **[ ]** Digits forward/reverse (if applicable):

Insight: **[ ]**Good **[ ]**Fair **[ ]**Poor **[ ]**Absent

Judgment: **[ ]**Good **[ ]**Fair **[ ]**Poor **[ ]**Absent **[ ]**At Risk

Intentional Self-Injury:**[ ]** No**[ ]** YesSpecify frequency and severity:

Suicide **[ ]**Ideation **[ ]**Plan **[ ]**Method **[ ]**Time **[ ]**Attempted **[ ]**Previous**[ ]**No Risk at Present

Current Risk Level: **[ ]**No risk at present **[ ]**Low **[ ]**Moderate **[ ]**High

Suicide Summary:

**Three wishes** (Children)**:**

**Strengths and Resources**

**Needs**

**Abilities**

**Preferences**

**Impression/Assessment/ Interpretive Summary** (Review of symptoms leading, and list of criteria used, to develop diagnosis; strength/support network; complicating factors, including at risk of out-of-home placement or institutionalization; discussion and resolution of any differences in diagnosis,)

**Problem List** (impact on functioning by mental health symptoms or alcohol/drug use)

**DSM-IV Diagnosis**

|  |  |  |  |
| --- | --- | --- | --- |
| AXIS I: | Primary |  |  |
|  | Secondary 1 |  |  |
|  | Secondary 2 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| AXIS II: | Primary |  |  |
|  | Secondary 1 |  |  |
|  | Secondary 2 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| AXIS III: | Primary |  |  |
|  | Secondary 1 |  |  |
|  | Secondary 2 |  |  |

|  |  |  |
| --- | --- | --- |
| AXIS IV |  | Problems with primary support group: *Specify*: |
|  |  | Problems related to the social environment*.* *Specify*: |
|  |  | Educational problems*.* *Specify*: |
|  |  | Occupational problems*.* *Specify*: |
|  |  | Housing problems. *Specify*: |
|  |  | Economic problems. *Specify*: |
|  |  | Problems with access to health care services. *Specify*: |
|  |  | Problems related to interaction with the legal system/crime. *Specify* |
|  |  | Other psychosocial andenvironmental problems. *Specify*: |

|  |  |  |  |
| --- | --- | --- | --- |
| AXIS V: | GAF: Present: |  |  |

**Prognosis, Medical Necessity, Recommended Services, and Anticipated Discharge Date**

**Prognosis:**

[ ]  Poor

[ ]  Guarded due to chronicity of problem and/or treatment non-compliance

[ ]  Good with consistent adherence to recommended treatment plan

**Recommended Services:**

**Anticipated Discharge Date:**

|  |  |  |
| --- | --- | --- |
| Review Signature |  | Date |