0-5 INITIAL MENTAL HEALTH ASSESSMENT

Data gathering

RISK FACTORS (check all that apply):

Yes	Current	Recent Hx	Past Hx
	Self-injurious ideation or behavior		
	Prior ideation or acts		
	Family hx of suicide		
	Aggressive ideation or behavior		
	Targets: ☐Property ☐ Animals ☐ Children ☐Adults ☐ Other Prior ideation or acts		
	Family hx of violence		
	Family crime/gang involvement		
	Hx of inappropriate sexual behavior		
	Hx of fire setting		
	Wandering off		
	Trauma/accident		
	Cognitive impairment		
	Cultural isolation		
	Potential for victimization		

Explain any identified risks and safety/response plan developed:

____

____

9. Factores de Riesgo MARQUE TODOS LOS QUE CORRESPONDA

Sí	Actual	Historia Reciente	Historia Pasada
☐	Comportamientos o pensamientos auto-perjudiciales		
☐	Actos o pensamientos previos		
☐	Historia de suicidio en la familia		
☐	Comportamiento o pensamiento agresivo		
☐	Destinados a: ☐ Propiedad ☐Animales ☐ Niños ☐ Adultos ☐ Otros		
☐	Actos o pensamientos previos		
☐	Historia de violencia en la familia		
☐	Crimen en la familia o implicación con pandillas		
☐	Historia de comportamiento sexual no apropiado		
☐	Historia de prender fuego		
☐	Deambular		
☐	Trauma o accidente		
☐	Impedimento intelectual		
☐	Aislamiento cultural		
☐	Potencial para la victimización		

DEVELOPMENTAL HISTORY

Age	**Developmental Milestone** – check all that apply to your child
0 to 3 mo	☐ Smile ☐Recognize parents ☐Enjoys being cuddled ☐ Vocalizing
4 to 6 mo	☐ Sit up ☐ Roll over ☐ Enjoys peek-a-boo ☐Clapped hands ☐ Imitates sounds ☐Point to want
7 to 12 mo	☐ Knew names of familiar persons ☐ Sit alone ☐ Pull to stand ☐Becomes fearful of strangers ☐Exploratory behavior Say single words
1 to 2 yrs	☐ Walk alone ☐Combine words ☐Imitate adult behaviors ☐Pretend play
2 yrs	☐ Acts real independent ☐ Protests separation ☐ Sentences ☐Use of toilet
3 yrs	☐ Parallel play ☐Likes to conform ☐Pedal a trike ☐Stay dry at night
4 yrs	☐ Cooperative play ☐Defiance/limit testing ☐Observe rules
5 yrs	☐ Turn taking ☐ Special friends ☐Negativity ☐Confident ☐ Highly cooperative play ☐Capable of self-criticism

Any developmental concerns:
____
____

HISTORIA DEL DESARROLLO

Marque todos los que corresponda:

Edad	**Logro**
0 a 3 meses	☐ Sonríe ☐ Reconoce a los padres ☐ Disfruta de ser abrazado ☐ Vocaliza
4 a 6 meses	☐ Se sienta ☐ Se voltea ☐ Juega a esconderse ☐ Aplaude ☐ Imita sonidos ☐ Señala lo que desea
7 a 12 meses	☐ Sabe nombres de personas conocidas ☐Se sienta solo ☐Se agarra y se para ☐ Le teme a gente desconocida ☐Explora ☐Dice palabras sueltas
1 a 2 años	☐ Camina solo ☐ Combina palabras ☐ Imita comportamientos de los adultos ☐ Juega a juegos de imaginación
2 años	☐ Actúa independientemente ☐ Protesta al separarse ☐ Usa frases ☐ Usa el inodoro
3 años	☐ Juega en paralelo ☐ Gusta cumplir con lo que se espera de él ☐ Pedalea un triciclo ☐ Se mantiene seco toda la noche
4 años	☐ Juega en forma cooperativa ☐ Desafía/Prueba sus límites ☐ Sigue las reglas
5 años	☐Toma turno ☐ Tiene un amigo predilecto ☐ Muestra negatividad ☐ Es seguro de sí mismo ☐ Juega de manera altamente cooperativa ☐ Es capaz de criticarse a sí mismo

¿Tiene alguna preocupación sobre el desarrollo?____
____
____

FURTHER CLINICAL EXPLORATION

1. What do parents/caregivers bring to the relationship? (Include parents' perception of their relationship with their child and with their own parents and discuss parents' education level, occupations, temperament, personality traits, resiliency, needs, strengths, etc.)

____
____
____
____

Do any of the following describe your child? *Parent perception of child's temperament* (Check all that apply):

☐ Affectionate	☐ Clings to parents	☐ Hits self/others	☐ Repetitive behaviors
☐ Stubborn	☐ Afraid/fearful	☐ Cooperative	☐ Hyperactive
☐ Rocks self	☐ Sucks thumb	☐ Aggressive	☐ Cries often
☐ Immature	☐ Head banging	☐ Tantrums	☐ Angry
☐ Happy	☐ Indifferent	☐ Screams	☐ Withdrawn
☐ Distractible	☐ Hard to discipline	☐ Jealous	☐ Shy
☐ Reckless	☐ Sad	☐ Playful	☐ Hard to comfort
☐ Curious	☐ Demanding	☐ Persistent	☐ Bites self/others
☐ Irritable	☐ Impulsive	☐ Easily frustrated	☐ Avoids activities
☐ Unresponsive			

Alguna de los siguientes describe a su niño? *Percepción del temperamento por los padres* (Marque todos las que corresponda)

☐ Cariñoso	☐ Se aferra a los padres	☐ Golpea a otros o así sí mismo	☐ Comportamientos repetitivos
☐ Testarudo	☐ Miedoso o temeroso	☐ Cooperador	☐ Hiperactivo
☐ Se mece	☐ Se chupa el dedo	☐ Agresivo	☐ Llora seguido
☐ Inmaduro	☐ Se golpea la cabeza	☐ Berrinches	☐ Enfadado
☐ Feliz	☐ Indiferente	☐ Grita	☐ Retraído
☐ Se distrae	☐ Difícil de disciplinar	☐ Celoso	☐ Tímido
☐ Imprudente	☐ Triste	☐ Juguetón	☐ Difícil de consolar
☐ Curioso	☐ Exigente	☐ Persistente	☐ Muerde a otros o a sí mismo
☐ Irritable	☐ Impulsivo	☐ Se frustra fácilmente	☐ Evita actividades
☐ Indiferente			

2. Describe experiences child has had with daycare, preschool or kindergarten.

____
____
____
____

PRENATAL/BIRTH HISTORY

1. Describe pregnancy? (Was it planned, length of pregnancy, level of prenatal care, complications, etc.)

____

____

____

2. Were you affected during your pregnancy by any of the following?

☐ Medications: ______________________________
☐ Second-hand smoke
☐ Alcoholic beverages: ______________________________
☐ Tobacco
☐ Other drugs: ______________________________

3. Type of delivery:

☐ Vaginal ☐ Headfirst ☐ Breech ☐ C-section

Please explain any complications experienced during birth or after delivery (note if baby was unable to go home with parent): ______________________________

____

____

4. Describe breastfeeding experience if attempted: ______________________________

HISTORIA PRE-NATAL Y DEL NACIMIENTO

1. Describa su embarazo (¿Fue planeado?, duración, nivel de cuidado pre-natal, complicaciones, etc.)

____

____

2. ¿Durante su embarazo, estuvo usted afectada por alguno de los siguientes?

☐ Medicamentos; ¿cuáles?:______________________________
☐ ¿Estuvo expuesta a humo de cigarrillo?
☐ Bebidas alcohólicas ______________________________
☐ Tabaco
☐ Otras drogas; ¿cuáles? ______________________________

3. Tipo de parto

☐ Vaginal ☐ Cabeza primero ☐ De nalgas ☐ Cesárea

Por favor explique cualquier complicación durante el parto o después de este (mencione si es que el bebé no pudo ir a la casa con su madre):

____

____

____

4. Describa la experiencia de amamantar si es que se intentó: ______________________________

____

MEDICAL HISTORY

During the first six months, did your baby have difficulty with:

☐ Feeding ☐ Vomiting ☐ Gaining weight ☐ Floppiness ☐ Stiffness
☐ Tremors/jitters ☐ Seeing ☐ Hearing ☐ Other issues: ______________________

Does your child have problems with any of the following? Check all that apply and describe below.

☐ Poor appetite/obesity
☐ Eats non-foods
☐ Weight changes
☐ Throat
☐ Hives
☐ Eczema
☐ Parasites/scabies/lice
☐ Other skin conditions: ______________________________________
☐ Drooling
☐ Asthma/wheezing
☐ Breath-holding

☐ Chewing/swallowing/choking
☐ Vomiting/gagging
☐ Stomach aches
☐ Diarrhea
☐ Constipation
☐ Coordination
☐ Limping
☐ Foot or leg deformity
☐ Frequent falling
☐ Scoliosis
☐ Motor tics
☐ Adverse reactions to meds
☐ Heart/vascular problems

☐ Sleep
☐ Nightmares
☐ Snoring
☐ Daytime accidents
☐ Soiling pants
☐ Bladder
☐ Bedwetting
☐ Ear infections
☐ Chronic colds
☐ Chronic coughing
☐ High fevers
☐ TB
☐ Other infections

☐ Vision
☐ Hearing
☐ Pain
☐ Seizures
☐ Staring spells
☐ Diabetes

Unusual sensitivity to:
☐ Lights/noises/smells
☐ Clothing/textures/tags

Is your child allergic to:
☐ Medications
☐ Foods
☐ Pollens
☐ Dust
☐ Other: _____________

Describe: ____
____
____

If medications (prescribed and OTC) were used within the past year, please describe outcomes, any side effects, and compliance (note significant past health concerns when applicable): _________________
____
____

Has your child had:
☐ Hospitalizations ☐ Surgery
☐ Accident/injury with: ☐ loss of consciousness ☐ fracture ☐ broken bones ☐ stitches
☐ head injury ☐ other

Describe: ____
____
____

If no Primary Care Provider, was a referral made? ☐ Yes ☐ No

Generational history of substance use, mental health and medical concerns of any family member

HISTORIA MÉDICA

¿Durante los últimos 6 meses tuvo su bebé las siguientes dificultades?

☐ Al comer ☐ Vómitos ☐ Para subir de peso ☐ Músculos flojos ☐ Músculos rígidos
☐Temblores/nervios ☐ Para ver ☐Para escuchar ☐ Otros problemas:

¿Tiene su hijo problemas con alguno de los siguientes? Marque todas las que corresponda y describa abajo

☐ Poco apetito u obesidad
☐ Como cosas no comestibles
☐ Cmabios de peso
☐ Garganta
☐ Masticar, tragar, atragantar
☐ Vómitos, arcadas
☐ Dolores de estómago
☐Diarrea
☐ Estenimiento
☐ Coordinación
☐Cojea
☐ Deformidad del pie o pierna
☐ Caídas frecuentes
☐ Escoliosis
☐ Tic nervioso de movimiento
☐ Adversidad a medicamentos
☐ Problemas del corazón o vasculares

☐Urticaria
☐Eczema
☐Parasitos, sarna, piojos
☐ Otras condiciones de la piel: ______________________________
☐ Dormir
☐ Pesadillas
☐Ronquido
☐Moja los pantalones con orín durante el día
☐ Ensucia los pantalones con excremento
☐ Vejiga
☐Moja la cama
☐ Infecciones de oído
☐Resfríos crónicos
☐Tos Crónica
☐ Fiebres altas
☐ Tuberculosis
☐ Otras infecciones

☐Se babea
☐Asma / chillido
☐ Aguanta la respiración
☐ Vista
☐ Audición
☐ Dolor
☐ Convulsiones
☐ Mirada fija
☐ Diabetis
☐ Sesitividad poco usual a:
☐ luces, ruidos, olores
☐ ropas, telas, etiquetas
☐ Sesitividad poco usual a:
☐ medicamentos
☐ comidas
☐ polen
☐ polvo
☐ otro: ____________

Describa: ____
____

Si medicamentos fueron usados durante el último año, por favor escriba los resultados, si hubo algún efecto secundario y si hacía caso para tomarlos. (Escriba preocupaciones pasadas de la salud si corresponde):
____
____
____

Ha sido su niño:

☐ Hospitalizado ☐ Operado
☐ Accidentado o herido con: ☐ pérdida de conocimiento ☐ fracturas ☐ huesos rotos ☐ puntadas
☐herida en la cabeza ☐ otro

Describa: ____
____
____

MULTI-AXIAL DIAGNOSIS

DSM-IV-TR (code and name)
Axis I: Clinical Disorder

Secondary Axis I:

DC: 0-3R
Axis I: Primary Diagnosis

Secondary Axis I:

Comment on connection between Axis I diagnoses in each diagnostic system: ________________________
____

Axis II: (DSM) Personality Disorder
Mental Retardation

Axis II: (DC) Relationship Disorder
Classification

Parent Infant Relationship Global Assessment Scale (PIR-GAS)

91-100 Well adapted
81-90 Adapted
71-80 Perturbed
61-70 Significantly perturbed
51-60 Distressed
41-50 Disturbed
31-40 Disordered
21-30 Severely disordered
11-20 Grossly impaired
1-10 Documented maltreatment

Child Caregiver 1 _______________ PIR-GAS _____________

Child Caregiver 2 _______________ PIR-GAS _____________

Child-Other Caregiver ___________ PIR-GAS _____________

Primary Relationship Problems Checklist

Relationship Quality	**No evidence**	**Some evidence – needs further investigation**	**Substantial evidence**
Over involved			
Under involved			
Anxious/Tense			
Angry/Hostile			
Verbally Abusive			
Physically Abusive			
Sexually Abusive			

Axis III (DSM) General Medical Conditions:

Axis III (DC) Medical and Developmental Disorders:

Axis IV (DSM) Psychosocial/Environmental Problems:

Axis IV (DC) Psychosocial Stressors
Note applicable challenges and age from stressor checklist.

Axis V (DSM) Global Assessment of Functioning:
Current GAF: ______

Past year GAF: ______

Axis V (DC) Functional Emotional Developmental Level: Circle the rating for level of achievement
1. Functions at an age-appropriate level under all conditions and with a full range of affect states.
2. Functions at an age-appropriate level, but is vulnerable to stress or with a constricted range of affect or both.
3. Functions immaturely, i.e., has the capacity but not at an age-appropriate level.
4. Functions inconsistently or intermittently unless special structure or sensorimotor support is available.
5. Barely evidences this capacity, even with support.
6. Has not achieved this capacity.

CAPACITIES FOR EMOTIONAL AND SOCIAL FUNCTIONING RATING SCALE

Indicate BEST LEVEL child has achieved with caregiver(s) and clinician (CG1, CG2, Cn.)

	Functioning Ratings						
Emotional and social functioning capacities	**1**	**2**	**3**	**4**	**5**	**6**	**N/A**
Attention and regulation (0-3 mo): Infant can be calm, recovers from crying with comforting, is able to be alert, looks at one when talked to, brightens up when provided with appropriate visual stimuli.							
Forming relationships/Mutual engagement (3-6 mo): Shows emotional interest in caregiver, sustains physical, verbal or visual connection, can gain soothing from relationships, tolerate positive and negative emotions while staying engaged.							
Intentional two-way communication (4-10 mo): Gestures, vocalizes, displays purposeful affect within circles of communication with caregiver, (cf sensorimotor play).							
Complex gestures and problem solving (10-18 mo): Sequences of gestures and/or words and actions to accomplish a goal, elicit a response within the relationship (functional play).							
Use of symbols to express thoughts/feelings (18-30 mo): role-play, dress up, play scenarios, expressing thoughts, ideas and feelings though symbols such as toys and figures. Themes from real life and from stories or videos are expressed (early symbolic play, imitation).							
Connecting symbols logically/abstract thinking (30-48 mo): Use of logical interconnecting ideas, clear motives, meaningful cause and effect (complex symbolic play, turn taking, problem solving).							

Diagnosis established by:

_______________________________ _______________ _______________
Signature Discipline Date

Review/Approval by LPHA (if different from above):

_______________________________ _______________ _______________
Signature Discipline Date