

Diagnostic Assessment

DIAGNOSTIC ASSESSMENT

Client's Description of the problem:

Parent/Guardian's Description of the problem:

School Referral information:

Strengths of the client

Predominant Mood

Limitations of Activities to Daily Living

Friendships/Peer Relationships

Meaningful Activities

Community Supports

Religion/Spirituality

List who lives in the home and other family members who offer support

Custody Arrangement: _____

Family member alcohol/substance abuse

☐ Yes ☐ No

Family member legal concerns

☐ Yes ☐ No

Family member mental health concerns

☐ Yes ☐ No

Family member with disability

☐ Yes ☐ No

Family financial concerns/needs

☐ Yes ☐ No

Comment on Family History

CPS involvement

Intrauterine (pregnancy)

Perinatal (Birth-2 months)

Infancy (3 months-12 months)

Early Childhood (second year-age 4)

Childhood (age 4-10)

Youth/Adolescence (Ages 11-18)

Current Grade: _____ **IEP classification:** _____

Comments on Educational Classification/Placement:

Test Results

Previous Grade Retention: _____ **Suspensions/Expulsions:** _____

Attendance

Academic/Behavioral concerns

Barriers to learning

Peer Relationships/Social Functioning

Any Communication/Vision needs: _____

Prior Medical History

Current Medications

Previous Medications

Allergies

Current Legal Charges

Previous Legal Charges

Probation

☐ Yes ☐ No

Substance Use

Nutritional/Eating Pattern Changes/Disorders

Pain Management

Depressed Mood/Sad

Anxiety/Worry

Anger/Aggression

Oppositional/Vindictive Behaviors

Inattention/Inability to focus

Hyperactivity

Impulsivity

Mood Swings/Patterns

Sleep Problems

Disturbed Reality (Psychosis)

Traumatic Life Experiences

Abuse History

- ☐ Sexual Abuse/Molestation
- ☐ Physical Abuse
- ☐ Emotional Abuse
- ☐ Physical Neglect
- ☐ Domestic Violence/Abuse
- ☐ Community Violence
- ☐ None
- ☐ Other

Abuse History Description

Current Attempts to Harm Self/Others

Past Attempts to Harm Self/Others

Clinical Summary

Diagnosis: _____ Treatment Goals: _____

Treatment Interventions: _____