Psychiatrist / PMHNP Parent Intake Questionnaire

HISTORY OF PRESENT ILLNESS

How can I help you? What are your biggest concerns?

How has your child been functioning lately? (Overall Status)

Relationships:

◯ Satisfying ◯ Neutral ◯ Stressful

Finances:

◯ Satisfying ◯ Neutral ◯ Stressful

Job:

◯ Satisfying ◯ Neutral ◯ Stressful

Academics:

◯ Satisfying ◯ Neutral ◯ Stressful

Family:

◯ Satisfying ◯ Neutral ◯ Stressful

Housing:

◯ Satisfying ◯ Neutral ◯ Stressful

How has your child been functioning lately? (Recent Changes)

Relationships:

◯ Improving ◯ No change ◯ Worsening

Finances:

◯ Improving ◯ No change ◯ Worsening

Job:

◯ Improving ◯ No change ◯ Worsening

Academics:

◯ Improving ◯ No change ◯ Worsening

Family:

◯ Improving ◯ No change ◯ Worsening

Housing:

◯ Improving ◯ No change ◯ Worsening

MOOD

Has your child been feeling depressed lately?

◯ Yes ◯ No

If you answered yes to the above question, please provide more details:

Depressed mood:

- ◯ None
- ◯ Mild
- ◯ Moderate
- ◯ Severe