Name ________________________ Case # _________

Life Management Center
Of Northwest Florida Inc.

Interactive Core Assessment

Ages 13 to 18 years

Please answer all the blue (unshaded) sections

Client Name ____________________ **Client's Age** _________ **Today's Date:** ________________________

Name of the Person completing the survey ______________________________ **Relationship to Client** ____________________

After you complete this information, you will be visiting with your service coordinator to talk about how best we can help you. If you need any help in completing this form, ask your service coordinator or someone at the front desk if you are at a service site.

Why are you seeking services from Life Management Center at this particular point in time? ____________________________

____

What is your goal? ____

____

PRESENTING PROBLEM

Check the problem(s) your Teenager is having

☐ Sleep problems	☐ Lying	☐ Unmanageable behavior	☐ Pregnancy
☐ Runs away	☐ Self confidence	☐ Problem w/ sexual behavior	☐ Fighting
☐ Hears voices	☐ Hyperactive	☐ Victim of abuse	☐ School problems
☐ Solving problems	☐ Drug/alcohol abuse	☐ Friend problems	☐ Verbally aggressive
☐ Self-harm	☐ Stealing	☐ Toileting problems	☐ Anxiety
☐ Legal problems	☐ Eating problems	☐ Withdrawn	☐ Influenced by peers
☐ Poor communication w/ parents	☐ Other (explain)		

Were you referred by someone to come to Life Management Center? ☐ Yes ☐ No **If yes, please identify:**
☐ Another agency ______________ ☐ Friend ☐ Teacher ☐ Pastor ☐ Emergency Services referral ☐ Other: ____________

Comments Presenting Problem: For Office Use Only

PROBLEM HISTORY

Has your Teenager ever received counseling or behavioral health services in the past? ☐ Yes ☐ No **If yes, please list the following:**

Provider	Reason	Ages	Effectiveness		
			Poor	Fair	Good
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

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Please list any prescribed psychiatric medications your Teenager is taking now or in the past (if any):

Medication Name	Dosage	Frequency	Prescribing Physician	Effectiveness		
				Poor	Fair	Good
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

Comments Problem History: For Office Use Only-

Has your Teenage experienced highly stressful events such as: ☐ Neglect ☐ Physical abuse ☐ Sexual abuse ☐ Loss of a loved One

☐ Other kind of loss? ☐ Witness to a highly disturbing situation?

Comments trauma: For Office Use Only –

Known triggers?

Do you have any concerns about drug, tobacco or alcohol use by your Teenager? ☐ Yes ☐ No

***Comment substance abuse*: *For Office Use Only* (complete supplemental substance abuse screen where SA problem are indicated and If applicable, HIV/AIDS risk assessment):**

Age of onset: **Choice of substance:**

Patterns of use:

Prior intervention:

Are there family problems with substance abuse or mental illness that may help explain your Teenager's problems? ☐ Yes ☐ No

Comment family history of behavioral health problems: For Office Use Only -

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Family Background

Who has LEGAL custody of the Teenage? Name:____________________________________Relationship: ______________________

If the Teenager does not live with the birth parent, who does the Teenager live with? __________________________

How many homes has the Teenager lived in since birth? _________ Who lives in the Teenager's household now?

Name	Age	Relationship to Teenager
__________________________	_____	___________________________
__________________________	_____	___________________________
__________________________	_____	___________________________
__________________________	_____	___________________________
__________________________	_____	___________________________

Are there other sisters/brothers not listed? ☐ Yes ☐ No Do the parents of the Teenager live in the same household? ☐ Yes ☐ No

If No, are they ☐ Living? ☐ Separated? ☐ Divorced? ☐ Never Married?

If either parent has remarried, how many times? For Father ____ For Mother ____

What is the name of the parent the Teenager does <u>not</u> live with? _______________________________________

Does the Teenager have contact with the parent the Teenager does not live with? ☐ No ☐ Yes If yes, how often? ________

Has the Teenager ever been in foster placement? ☐ No ☐ Yes How many times? _____

☐ Now? If now, who is the Teenager's Care Manager? ____

Is the Teenager legally adopted? ☐ Yes ☐ No At what age did this occur? ____ Is the Teenager aware of the adoption? ☐ Yes ☐ No

Check the problems that the family is having:

☐ Homelessness	☐ Rules	☐ Fighting between kids	☐ Talking
☐ Work pressure	☐ Adolescent control	☐ Divorcing/Separating parents	☐ Ex-husband or wife
☐ Showing affection	☐ Religious differences	☐ Outside interference	☐ Solving problems
☐ Household responsibilities	☐ Expressing feelings	☐ Personal privacy	☐ Violence between parents
☐ In-law problems	☐ Time spent together	☐ Toileting	☐ Unemployment
☐ Housing	☐ Transportation	☐ Parents disagreeing about kids	☐ Paying bills
☐ Medical Issues	☐ Alcohol, drug misuse	☐ Making decisions	
☐ Other Explain:			

Comments re Family: For Office Use Only-

Medical/Developmental History

Were there any complications during pregnancy or birth? ☐ Yes ☐ No Birth weight? ________lbs _______ ozs

Was this a full-term pregnancy? ☐ Yes ☐ No If no, how many weeks was the pregnancy? _____

Did mother use during pregnancy ☐ Prescription medications? ☐ Illegal drugs? ☐ Alcohol? ☐ Tobacco?

Were there any problems right after the Teenager's birth? ☐ Yes ☐ No

Teenager's doctor name: _________________ When was the Teenager's last physical? __________ Shots up-to-date? ☐ Yes ☐ No

Please list any non-drug allergies your Teenager has: ____

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Any drug allergies? ☐ Yes ☐ No If yes, what drugs? ____

Current medications (if any): (Include prescribed, over-the-counter, herbal remedies, vitamins, etc.)

Medication Name	Dosage	Frequency	Prescribing Physician	Effectiveness		
				Poor	Fair	Good
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

Did your Teenager seem to develop about the same as other Teenager n in such areas as talking, crawling, walking and potty training?
☐ Yes ☐ No

Can other adults understand your Teenager's speech ☐ Yes ☐ No Does your Teenager have any hearing or vision problems?
☐ Yes ☐ No

Has the Teenager ever had an unusual sickness or on-going health problem?
☐ Yes ☐ No

Comment Medical/Developmental history: For Office Use Only –

Educational Legal Information

How many schools has the Teenager attended since Kindergarten ? _______ What grade is the Teenager in now? __________

Name of school: ______________________ Are the Teenager's grades been: ☐ above average ☐ average ☐ below average

Has the Teenager ever: ☐ Skipped a grade ☐ Been held back ☐ Been home schooled ☐ Been in an advanced class

Has the Teenager had special help for: ☐ Learning? ☐ Behavior? ☐ Emotional control? ☐ Speech? ☐ Physical Limitations?

Does anyone in the Teenager's family have a learning problem? ☐ Yes ☐ No

Has the Teenager ever: ☐ Been arrested ☐ Done community service hours? ☐ Been in detention? ☐ Been on community control?

Strengths and Resources

Does your family receive?

☐ Teenager Support	☐ SSI	☐ Medicaid	☐ Subsidized Housing
☐ Food Stamps	☐ TANF	☐ WIC	☐ SSA
☐ Other? Explain			

What are the strengths of family?

☐ Good Health	☐ Extended Family Support	☐ Stable Income	☐ Little Debt
☐ Safe Neighborhood	☐ Shared Parenting Beliefs	☐ Good Housing	☐ Shared Interests
☐ Good Education	☐ Good Communication	☐ Harmonious Relationships	☐ Faith
☐ Cultural Heritage	☐ Time Spent Together	☐ Adequate Transportation	☐ Humor
☐ Good Housekeeping	☐ Good Credit	☐ Mutual Respect	☐ Regular Mealtimes
☐ Other Explain:			

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What are the strengths of the Teenager?

□ Healthy	□ Good student	□ Athletic	□ Sense of humor
□ Artistic	□ Relates well to adults	□ Gets along well other kids	□ Good energy level
□ Able to concentrate	□ Self reliant	□ Knows right from wrong	□ Manages feelings
□ Other Explain:			

Comment Strengths and Challenges: For Office Use Only -

Special Needs

Do you or your Teenager need any of the following to participate in services: □ Wheelchair □ Equipment to assist hearing

□ Signing services □ Materials for visual challenges □ Other (specify) ______________________________________

Are there cultural needs (ethnicity, language, religion, customs, and beliefs) that are important to our work with the Teenager or family? □ Yes □ No

Does your Teenager have any of the following needs in addition to mental health services for which you would like a referral? □ Yes □ No If yes, specify: □ Educational □ Medical □ Speech □ Other (Specify) __________

The above information is complete and accurate to the best of my knowledge.

Signature of parent/guardian ***Date***

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____

CURRENT MENTAL STATUS EVALUATION ---- ADOLESCENT 13-18

Notation Symbols:

		Not Present	Slight or Occasional	Marked or Repeated
√	Determination made			
HX	History: described but not determined			
ND	No data and cannot be determined			

LEVEL OF CONSCIOUSNESS

		Not Present	Slight or Occasional	Marked or Repeated
1.	impaired level of consciousness ________	☐	☐	☐

APPEARANCE

		Not Present	Slight or Occasional	Marked or Repeated
2.	physically unkempt, unclean ________	☐	☐	☐
3.	clothing disheveled, dirty ________	☐	☐	☐
4.	clothing atypical, unusual, bizarre ________	☐	☐	☐
5.	unusual physical characteristics ________	☐	☐	☐

BEHAVIOR

		Not Present	Slight or Occasional	Marked or Repeated
Posture				
6.	unusual posture ________	☐	☐	☐
General Body Movements & Activity				
7.	overactive ________	☐	☐	☐
8.	under active ________	☐	☐	☐
Other Motor Behavior				
9.	unusual motor behavior ________	☐	☐	☐
10.	unusual eye contact ________	☐	☐	☐
Amplitude & Quality of Speech				
11.	loud ________	☐	☐	☐
12.	soft ________	☐	☐	☐
13.	increased quantity ________	☐	☐	☐
14.	decreased quantity ________	☐	☐	☐
15.	rapid ________	☐	☐	☐
16.	slow ________	☐	☐	☐
17.	atypical quality ________	☐	☐	☐
Observer Client Relationship				
18.	domineering ________	☐	☐	☐
19.	submissive, overly compliant ________	☐	☐	☐
20.	provocative ________	☐	☐	☐
21.	suspicious ________	☐	☐	☐
22.	uncooperative ________	☐	☐	☐

MOOD & AFFECT

		Not Present	Slight or Occasional	Marked or Repeated
Mood				
23.	anxious ________	☐	☐	☐
24.	depressed ________	☐	☐	☐
25.	angry ________	☐	☐	☐
26.	happy ________	☐	☐	☐
Affect				
27.	inappropriate ________	☐	☐	☐

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#	Item	Not Present	Slight or Occasional	Marked or Repeated
28.	reduced in range	☐	☐	☐
29.	labile	☐	☐	☐

Notation Symbols:

√ Determination made

HX History: described but not determined

ND No data and cannot be determined

PERCEPTION

#	Item	Not Present	Slight or Occasional	Marked or Repeated
30.	illusions	☐	☐	☐
31.	auditory hallucinations	☐	☐	☐
32.	visual hallucinations	☐	☐	☐
33.	other type of hallucinations	☐	☐	☐
34.	abnormal	☐	☐	☐

COGNITION

Orientation

#	Item	Not Present	Slight or Occasional	Marked or Repeated
35.	disoriented to person	☐	☐	☐
36.	disoriented to place	☐	☐	☐
37.	disoriented to time	☐	☐	☐
38.	disoriented to situation	☐	☐	☐

Memory

#	Item	Not Present	Slight or Occasional	Marked or Repeated
39.	impaired attention	☐	☐	☐
40.	impaired immediate memory	☐	☐	☐
41.	impaired recent memory	☐	☐	☐
42.	impaired remote memory	☐	☐	☐

Intellectual Functioning

#	Item	Not Present	Slight or Occasional	Marked or Repeated
43.	impaired abstract thinking	☐	☐	☐
44.	impaired general intelligence	☐	☐	☐

Thought Content

#	Item	Not Present	Slight or Occasional	Marked or Repeated
45.	obsessions	☐	☐	☐
46.	compulsions	☐	☐	☐
47.	phobias	☐	☐	☐
48.	derealization.....	☐	☐	☐
49.	depersonalization	☐	☐	☐
50.	delusions	☐	☐	☐
51.	ideas of reference	☐	☐	☐
52.	hypochondriacal	☐	☐	☐
53.	religiously preoccupied	☐	☐	☐
54.	sexually preoccupied	☐	☐	☐
55.	assaultive ideation	☐	☐	☐
56.	homicidal ideation	☐	☐	☐
57.	homicidal intent	☐	☐	☐
58.	homicidal plan	☐	☐	☐
59.	homicidal behavior	☐	☐	☐

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Notation Symbols:

		Not Present	Slight or Occasional	Marked or Repeated
√	Determination made			
HX	History: described but not determined			
ND	No data and cannot be determined			

COGNITION

Item	Not Present	Slight or Occasional	Marked or Repeated
Thought Content (cont)			
60. suicidal ideation	☐	☐	☐
61. suicidal intent	☐	☐	☐
62. suicidal plan	☐	☐	☐
63. suicidal behavior/ attempts	☐	☐	☐
Flow of Thought; rate & continuity			
64. slowed or inhibited thinking	☐	☐	☐
65. rapid or racing thinking	☐	☐	☐
66. circumstantiality _______	☐	☐	☐
67. tangentiality	☐	☐	☐
68. thought blocking	☐	☐	☐
69. perseveration	☐	☐	☐
70. echolalia	☐	☐	☐
Form of Thought			
71. illogical	☐	☐	☐
72. overly concrete	☐	☐	☐
73. overly abstract	☐	☐	☐
74. neologisms	☐	☐	☐
75. impaired coherence	☐	☐	☐
Insight			
76. difficulty acknowledging the presence of psychological problems	☐	☐	☐
77. difficulty in understanding the cause of psychological problems	☐	☐	☐
Judgment			
78. impaired ability to manage activities of daily living	☐	☐	☐
79. impaired ability to make reasonable life decisions	☐	☐	☐
Sleep and Appetite			
80. impaired sleep	☐	☐	☐
81. impaired appetite	☐	☐	☐