

**HARMONIOUS MIND LLC**

**CHILD & ADOLESCENT PATIENT – PT. ASSISTED INTRODUCTORY REPORT**

Patient Name: *(please print)* \_\_\_\_\_ Phone No.: \_\_\_\_\_

Patient Age: \_\_\_\_\_ Patient Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: [ ] male [ ] female

Guardian Name: \_\_\_\_\_ Relationship to the Patient: \_\_\_\_\_

Guardian Phone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_@\_\_\_\_\_

Consent for Appointment Reminders by Email: [ ] Yes [ ] No

Emergency Contact's Name: \_\_\_\_\_

Emergency Contact's Relationship to the Patient: \_\_\_\_\_

Emergency Contact's Phone Number: \_\_\_\_\_

Primary Care Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you or family member currently involved in any court case? Y N If yes, describe \_\_\_\_\_

**CHIEF PROBLEMS:**

Hearing Voices [ ] Seeing Things [ ] Irritability [ ] Rapid Heart Beat [ ] Racing Thought [ ]

Muscle Tension [ ]

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**ATTEMPTED SOLUTIONS:** *(How have the family/caregivers tried to solve the problems? With what results?)*

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Prior treatment for these problems? [ ] None

**PSYCHIATRIC HOSPITALIZATIONS**

Hospital	Date(s)	Reason

**PSYCHIATRIC OUTPATIENT**

Provider	Date(s)	Reason	Outcome

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**PSYCHIATRIC MEDICATIONS TRIED**

Name	Dose	Date/Duration	Response

**FAMILY MEMBERS:** *(list family members living together)*

Last Name	First Name	Age	Gender M / F	School Grade or Occupation	Relationship to Patient

**OTHER FAMILY MEMBERS:** *(list other important family members)*

Last Name	First Name	Age	Gender M / F	School Grade or Occupation	Relationship to Patient

List important family events, such as deaths, divorce or separation, shifts of location or employment, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PATIENT'S HISTORY:**

**Developmental History:**      Normal                                      Not Known  
 Pregnancy of patient's Mother ended:      at term (on time)      \_\_\_\_\_ weeks premature      \_\_\_\_\_ weeks late  
 Activity level of patient *prior to birth*:      under active                              normally active                              overactive

Mother's health during pregnancy:      normal                              poor  
*explain:* \_\_\_\_\_

Labor & Delivery:  
 normal      breech      head first      vaginal      emergency caesarean      routine caesarean      without complications  
 with complications, *explain:* \_\_\_\_\_

Milestones:      normal                              advanced                              delayed

At about what age did patient first smile? \_\_mo. walk alone? \_\_mo. say first word? \_\_mo. speak in sentences? \_\_mo.

At about what age was bowel training completed? \_\_\_\_\_months urinary training? \_\_\_\_\_months  not yet complete

Was there any difficulty in training?      no      yes, *explain* \_\_\_\_\_

\_\_\_\_\_

nighttime wetting until age \_\_\_\_\_months                              currently  
 daytime wetting until age \_\_\_\_\_months                              currently  
 day/night soiling until age \_\_\_\_\_months                              currently  
 other \_\_\_\_\_

Has patient had difficulties in:  
 eating?      no  
                    yes:      poor feeder as infant  
                                    colicky as an infant

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[ ] allergies to: [ ] milk [ ] soy [ ] wheat [ ] citrus [ ] other
[ ] picky
[ ] over-eats
[ ] binges
[ ] purges
[ ] restricts (anorexic)
[ ] other

sleeping? [ ] no
[ ] yes: [ ] hard to get to sleep
[ ] awakens during night
[ ] awakens early
[ ] hard to get up
[ ] nightmares
[ ] night terrors
[ ] sleep walking/talking
[ ] other

speaking? [ ] no
[ ] yes: [ ] delayed due to slow development
[ ] delayed by hearing problem
[ ] articulation problem Speech therapy? [ ] N [ ] Y at age

Explain:
\_\_\_\_\_
\_\_\_\_\_

Medical / Surgical History:

[ ] no prior illnesses except usual childhood diseases
Illnesses, list and explain: \_\_\_\_\_ at age: \_\_\_\_\_
\_\_\_\_\_ at age: \_\_\_\_\_
\_\_\_\_\_ at age: \_\_\_\_\_

Serious Allergies: [ ] none [ ] penicillin [ ] other \_\_\_\_\_

Current Medications: [ ] none

Drug: \_\_\_\_\_ mg/dose \_\_\_\_\_ doses/day

Drug: \_\_\_\_\_ mg/dose \_\_\_\_\_ doses/day

Drug: \_\_\_\_\_ mg/dose \_\_\_\_\_ doses/day

Physical Examination: Do you know your child's blood pressure? [ ] No [ ] Yes \_\_\_/\_\_\_
Do you know your child's pulse rate? [ ] No [ ] Yes \_\_\_/minute
Do you know your child's breathing rate? [ ] No [ ] Yes \_\_\_/minute
Do you know your child's weight in pounds? [ ] No [ ] Yes \_\_\_ lbs.
Do you know your child's weight in kilograms? [ ] No [ ] Yes \_\_\_ kgs.
Do you know your child's height in feet and inches? [ ] No [ ] Yes \_\_\_ ft \_\_\_ in
Do you know your child's height in meters? [ ] No [ ] Yes \_\_\_ m
Do you know your child's Body Mass Index? [ ] No [ ] Yes \_\_\_
Body Mass Index (BMI) is an important indicator of health. The formula is:
BMI = weight in kilograms/ (height in meters) ^2
BMI = weight in pounds/ (height in inches) ^2 x 703.1
BMI less than 18.5 is underweight.
BMI between 18.5 and 24.9 is normal weight.
BMI between 25 and 30 is overweight.
BMI between 30 and 40 is obese.
BMI greater than 40 is extremely obese.

last lab tests (blood work): [ ] recent [ ] last 6 months [ ] last year Requesting Doctor: \_\_\_\_\_
last physical exam: [ ] recent [ ] last 6 months [ ] last year
results: [ ] normal [ ] abnormal, explain: \_\_\_\_\_

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Sexually Active: [ ] no [ ] yes \_\_\_\_\_ If female: # of pregnancies \_\_\_\_\_ # of deliveries \_\_\_\_\_

Tobacco / Nicotine use: [ ] none [ ] yes, how much: \_\_\_\_\_

Caffeine use: [ ] none [ ] yes, explain: \_\_\_\_\_

Alcohol use: [ ] none [ ] yes, name & details: \_\_\_\_\_

Drug use: [ ] none [ ] yes, name & details: \_\_\_\_\_

Pain problems and treatment: [ ] none [ ] yes, explain: \_\_\_\_\_

Has the patient been abused in any way (physically, emotionally, sexually)? [ ] no [ ] yes, explain: \_\_\_\_\_

**FAMILY HISTORY:** (other than the patient)

Family Medical History: [ ] no serious illnesses [ ] serious illnesses, explain: \_\_\_\_\_

Family Psychiatric History: [ ] no serious illnesses [ ] serious illnesses, including drug/alcohol abuse, explain: \_\_\_\_\_

**LEGAL HISTORY:** [ ] none Contact with: [ ] Department of Social Services [ ] Police for: \_\_\_\_\_

**CULTURAL INFLUENCES:** [ ] supportive Problematic: [ ] multi-cultural family [ ] multi-cultural community [ ] gang [ ] other \_\_\_\_\_

**EDUCATIONAL HISTORY:**

Highest grade reached: [ ] Early Childhood [ ] Kindergarten \_\_\_\_\_ Grade

[ ] Trade School \_\_\_\_\_ yrs. [ ] College 1 2 3 4 [ ] Graduate School: \_\_\_\_\_

[ ] Special Ed

Current school performance: [ ] N/A \_\_\_\_\_

Language skills [ ] Failing [ ] Below Ave. [ ] Ave. [ ] Above Ave. [ ] Excellent

Math skills [ ] Failing [ ] Below Ave. [ ] Ave. [ ] Above Ave. [ ] Excellent

Social Sciences [ ] Failing [ ] Below Ave. [ ] Ave. [ ] Above Ave. [ ] Excellent

Athletics [ ] Failing [ ] Below Ave. [ ] Ave. [ ] Above Ave. [ ] Excellent

Vocational [ ] Failing [ ] Below Ave. [ ] Ave. [ ] Above Ave. [ ] Excellent

Sciences [ ] Failing [ ] Below Ave. [ ] Ave. [ ] Above Ave. [ ] Excellent

Other (list) \_\_\_\_\_ [ ] Failing [ ] Below Ave. [ ] Ave. [ ] Above Ave. [ ] Excellent

Recent changes in school performances? [ ] none yes: [ ] variable [ ] slt worse [ ] much worse [ ] improved

Other problems patient has had in school: [ ] none [ ] behavior [ ] truancy [ ] suspension [ ] special class [ ] retention

Changed schools for any reason? [ ] no [ ] yes: [ ] <x2 [ ] x2-5 [ ] >x5 Reason: [ ] family move [ ] change of caregiver [ ] placement

Three wishes of the child: \_\_\_\_\_

**PT. SIGNATURE:** \_\_\_\_\_ **Name & Relationship to Pt.** \_\_\_\_\_

(Or Guardian)

**PROVIDER NAME:** \_\_\_\_\_ **PROVIDER SIGNATURE:** \_\_\_\_\_